Children's Trust Fund

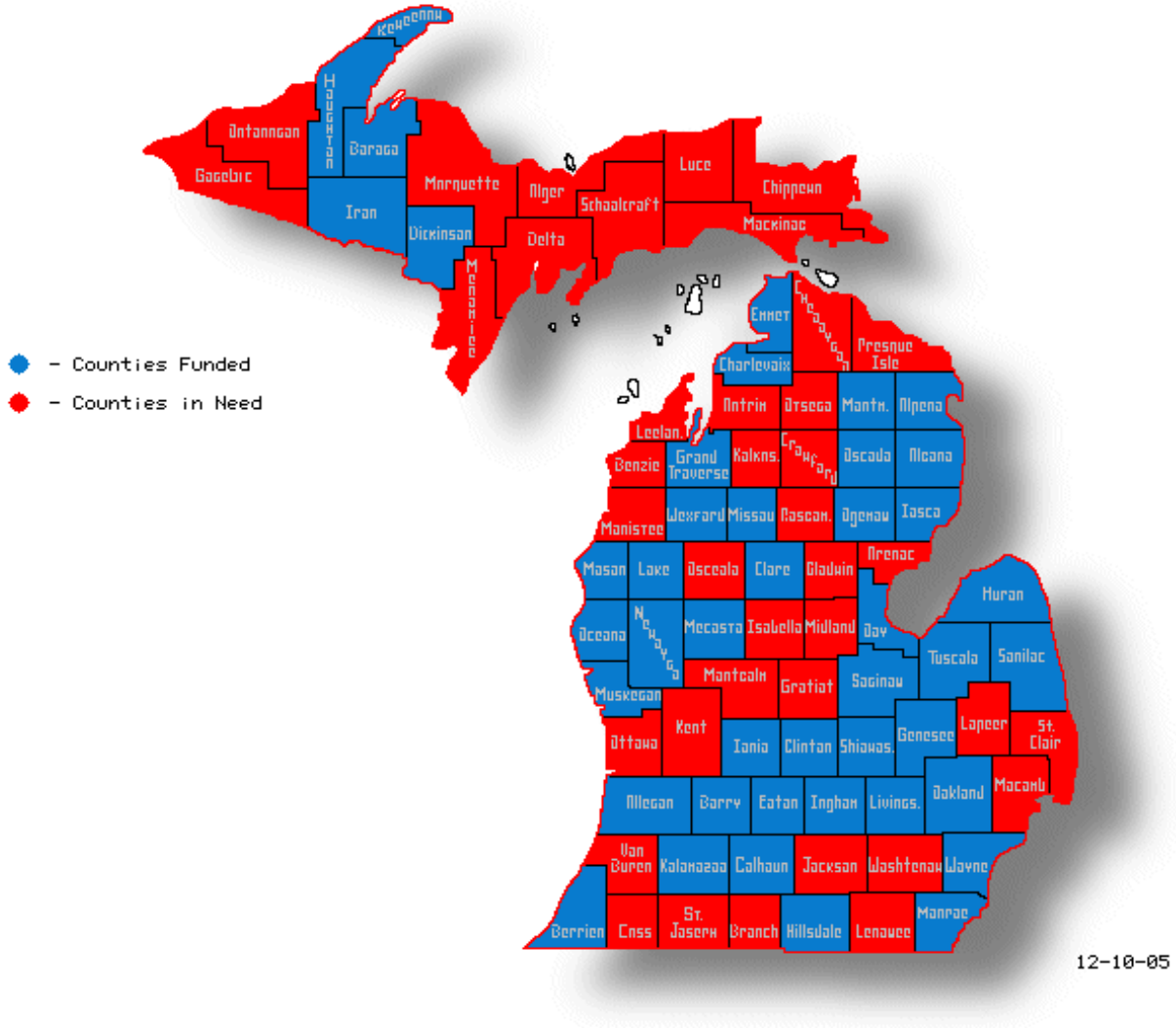
Michigan Chapter of Prevent Child Abuse America

Zero to Three Secondary Prevention RFP Pre-Proposal Conference

September 29, 2006 ~ Lansing Michigan

PowerPoint Presentation, Question & Answer Session, Supplementary Materials

Michigan's Zero to Three Secondary Prevention Initiative Programs



~Fiscal Year 2007 RFP funding priority will be given to counties in need~

The 0-3 Secondary Prevention RFP Pre-Proposal Conference, September 29, 2006-Grand Tower, Lansing

Presented By:

- The Children's Trust Fund
- The Department of Human Services
- The Department of Education
- The Department of Community Health

The RFP will:

- Expand 0-3 Secondary Prevention services to communities throughout Michigan
- Give priority to applicants that propose to expand services to counties currently not funded
- Be a statewide competition open to current and applicant grantees

Purpose of the Grants:

- To fund community based collaborative 0-3 secondary prevention projects
- To support 0-3 secondary prevention services designed to promote strong, nurturing families and prevent child abuse and neglect from occurring

Definition of Secondary Prevention:

Interventions provided for the early identification of individuals with risk factors for a specific problem or disorder. While substantiated child abuse and neglect has not taken place, the probability of abuse is greater than in the general population.

The major components of secondary prevention are:

- ✓ It is offered to a pre-defined group of families or individuals.
- ✓ It is voluntary and participants do not have an open CPS case (Category I or II disposition).
- ✓ It may be more problem-focused than primary prevention.

Population to be Served:

- Target population – Expectant families and those with children birth through three who are at risk and who meet the definition of secondary prevention.

- Risk factors are listed on page 6 of the RFP. A child or family generally has more than one risk factor.

Funding Overview:

- The application must reflect a budget to cover activities, including start-up costs if applicable, conducted from October 1, 2006 through September 30, 2007.
- Funds will be prorated and used from January 1, 2007 through September 30, 2007
- Applicants may request any amount up to $200,000.
- Funding is available to public or private, profit or non-profit organizations/agencies.
- A single fiscal agent must be identified. However multiple providers may be involved.

Funding Overview continued...

- The grant will cover a two (2) year period ending September 30, 2008 and will be fully funded in FY-08 (i.e., October 1, 2007 to September 30, 2008)

- Continued funding is contingent upon legislative appropriation, compliance with the terms of the grant agreement and continuing need for services.

Funding Requirements:

- Projects must meet the CTF definition of secondary prevention.
- Funds can not be expended for services to families who have an open CPS case (Category I or II).
- Funding for existing and/or new projects shall be used to expand secondary prevention services to communities/counties in need.
- Awards may not be used to supplant existing funds to support an ongoing project.
- There must be a documented local match of 25% of the requested funds. There is a 15% minimum cash match requirement.
- Cash match may not be federal funds (SFSC, Early On, etc.) nor be sources through the same appropriation (T.A.N.F., GP/GS, MSRP, etc.)

Funding Requirements continued …

- Projects must have a strong evaluation component that include:
  - ✓ clear program goals and objectives
  - ✓ measurable, time-framed outcomes
  - ✓ methods to assess client satisfaction
  - ✓ methods to incorporate client participation
- Only one application from counties with a population less than 500,000 may be endorsed by the Community Collaborative (CC)
- For funds to be awarded the applicant must secure the endorsement from the CC of the county or counties the project will cover

Funding Priorities:

- Will be given to applicants that propose to service counties currently not funded.
- Community profile measures will be a significant factor in the decision making process. This aspect of the review will consider whether services are targeted in communities with higher than average rates of:
  - Child abuse and neglect
  - Infant mortality
  - Poverty
  - Adult substance abuse
  - Out-of-wedlock pregnancy
  - Teen pregnancy

Funding Considerations:

- The extent to which the application demonstrates local coordination and collaboration.
- The extent to which the proposed services are integrated into a broader community plan of family supports and prevention.
- The extent to which the application has identified a clear plan for evaluating the proposed services.
- The extent to which the application for the proposed services is based on a proven program model or sound research methodology.
- Whether there is a clear process for identifying, referring, and serving families.
- Whether the application has documented agreements, including specific tasks with agencies that are integral to the success of the plan.

Administrative/ Evaluation Costs:

- No more than 15% of the requested funds may be used for administrative costs.
- Up to $10,000 of the requested funds may be budgeted for evaluation of the proposed project.
- Evaluation costs are not considered administrative costs.
- Training directly related to the provision of services or supervision of staff are not considered administrative costs.
- A portion of the requested funds may be budgeted for audit requirements.

Evaluation & Outcomes Overview:

- Summative evaluations focus on programmatic outcomes.
- Address legislative mandates.
- Examines…
- ✓ Are families better off when they exit services.
- ✓ If families acknowledge improvements in parent-child interactions.
- ✓ Objectively measure changes in parenting.

Evaluation & Outcomes:

Applications must include an evaluation plan that identifies:

- ✓ a means of assessing client satisfaction
- ✓ a means incorporating client participation
- ✓ measurable, time-framed outcomes which are integral to the comprehensive community prevention plan
- ✓ performance objectives for each outcome including how they will be measured

Grantees must also agree to participate in statewide evaluation efforts.

Evaluation & Outcomes continued...

- Each applicant will also be required to measure how the project will impact statewide goals and objectives (listed on page 9 of the application).
- Funded home visitor programs may be required to participate in the Program Information Management System (PIMS) data collection project.

Zero to Three Program Indicators:

- Critical measures are outlined.
- Created to address outcomes and accountability for programs and services.
- Systematically collect data in the aggregate for legislative reporting purposes.
- Encompass both the process and outcomes of initiative.
- Demonstrates that impacts are being made on the population served.
- Pragmatically, strengthens support for increased funding.

Adult Adolescent Parenting Inventory *the* AAPI-2:

- Is a measure used to assess the parenting attitudes of adults and teens who are either parents or expectant parents.
- Is used to measure aspects of parenting common to most secondary prevention programs regardless of curriculum.
- Is scored and maintained online.
- Training and TA will be provided to those applicants awarded funding.

CPS Central Registry *the* 3-1b Category I & II Dispositions:

- The 3-1b form is a register of all children served by your project and is submitted with the 4th Quarter Report each FY.
- The 3-1b is used to evaluate family involvement with CPS.
- CPS involvement, or non-involvement, is a fundamental outcome in the 0-3 secondary prevention initiative.
- Eligible families may not have a open Category I or II CPS case per the enabling legislation.

The Zero to Three Data Collection Form Addresses:

- Who we're serving and demographic variables.
- That participants are receiving recommended services.
- That additional services that are provided (i.e, referrals).
- Accountability.
- Client satisfaction.
- Focuses primarily on the process components of programs.
- Is used by Grant Monitors to assess desired outcomes.
- Is submitted with each quarterly report.

Reporting Requirements:

- Grantees are required to submit quarterly progress reports that summarize and document all project activities and expenditures for the period covered.
- Reports are due: January 20th, April 20th, July 20th, and October 20th.
- An annual evaluation report is also required and must be submitted by December 20th each fiscal year.

Grant Agreement Requirements:

- Demonstrates an impact upon the population served
- Collecting and processing program utilization data
- Participating in evaluation efforts as required
- Participate in on-site visits as required
- Provide technical assistance to other communities in implementing a similar project
- Maintaining a relationship with the local CC
- Submit required reports and documentation
- Participating in surveys conducted
- The agency may be required to comply with a OMB A-133, A-122 (governmental agencies) or A-87 audits (non-profits).

Responsibilities of the Community Collaborative:

- **Develop or update the comprehensive community prevention plan.**
  - ✓ Includes a review of the program models of service delivery for the target population that have demonstrated proven impact on the risk factors of children and their families, and that meet the identified needs of the community.
- **Assist in the identification of local match funds.**
- **Assist in the selection of the outcomes the application will address.**
- **Review the application and endorse the applicant to provide services to the county/counties proposed.**

Guidelines for Developing a Comprehensive Community Prevention Plan:

- Establish a vision for the community prevention plan with special attention to secondary prevention strategies.
- Determine the extent the comprehensive vision is supported through existing services.
- Identify the interrelationships between existing programs that enhance service delivery and the gaps between the vision and current services.
- Develop an action plan to integrate planned secondary prevention efforts and/or enhancements to reach the comprehensive approach.
- Identify local partners who support the comprehensive approach through their resources.

Technical Assistance Provided:

- The Children's Trust Fund (CTF) will take the lead for technical assistance in the area of best practices for family support and secondary prevention models.
- The close date for bidder questions/clarifications is 3:00 PM October 2, 2006.

Anticipated Timeline:

- Applications must be received on or before 3:00 PM October 13, 2006
- Review of applications will be completed on October 24, 2006
- Announcement/Award Notification by November 6, 2006
- Effective Start Date: January 1, 2007

GOOD LUCK!!


Children's Trust Fund
Michigan Chapter of Prevent Child Abuse America

Zero to Three Secondary Prevention

FY-07 Request for Proposal Conference

September 29, 2006 Lansing, MI. 48933

Posted Q & A Session

The deadline for bidder questions was Monday October 2, 2006.

Q. Who is eligible to bid in the 0-3 RFP process?

A. The RFP is a statewide competitive bid open to ALL applicants. While priority will be given to bids that propose to provide 0-3 Secondary Prevention services (by current and applicant grantees) in counties currently not funded , current 0-3 providers may submit a bid to expand services to for example, a community within their county that is currently not served and in need. (also refer to the definitions of enhanced and expanded on pages 4-5 in the RFP)

Q. What is the evaluation line item in the budget?

A. The maximum of $10,000 is the allowable expense for the local evaluation due in Dec. of each year. An outside evaluation is not a requirement, but some grantees use this allowance for contracting an independent evaluator. A guidance document for this annual evaluation will be attached with this Q & A document. There is not a required format.

Q. Are all of the indicators required for each site? Can they be modified?

A. All of the statewide indicator provided in the RFP entitled "Zero to Three Secondary Prevention Initiative Program Indicators" are required to be implemented and measured. They may not be modified. There are currently 37 Zero to Three secondary prevention sites in Michigan. The programs utilize a variety of service delivery models. The statewide indicator along with the Adult/Adolescent Parenting Inventory (AAPI) allow for a standardized evaluation of the projects.

Q. Can a local site use the information gained from the AAPI locally?

A. Yes. We would expect that the local site would utilize all evaluation data to make informed decisions about this program and the continuum of services for parenting and early childhood programs in the area. Additionally, any evaluation data collected for statewide efforts can be used for local evaluation reporting external to Zero to Three requirements.

Q. Can a local site chose some of their own indicators?

A. Yes. Many sites have a particular focus interest, such as teen parent's graduation rates or newborn weight. It is helpful to set a target for the area, implement the intervention and adjust the target based on data gained.

Q. Do we need to budget training and materials for the AAPI?

A. No. Michael Gillespie is the evaluation consultant for the 0-3 Secondary Prevention Initiative. He will provide the AAPI training. Your budget may be used to provide other needed trainings. The AAPI forms will be provided for you. The submission of the administrations is on-line and training will be provided at no cost .

Q. Can the program be a new component of an existing project funded by 0-3 secondary prevention?

A. Yes. If it is to expand services to new area (also refer to the definitions of enhanced and expanded on pages 4-5 in the RFP). The new funding is available to expand services to new geographic areas. This funding may not be used to supplant an existing program.

Q. Expand not enhance?

A. Please refer to the definitions on page 4-5. The "Priorities for Funding" section on page 19 may also be helpful.

Q. Is this supposed to be home visiting model? We already have home visiting but not 0-3 funded. We need to help support this, not have a different home visiting program.

A. Any program needs to be intergraded in the community prevention plan. This needs to be explained in your narrative.

Q. Which prevention plan are you referring to?

A. Each community collaborative or the Child Abuse and Neglect prevention council has a comprehensive prevention plan. (see contact information in RFP attachment) If you are having difficulty locating those plans, you may contact Jeff Sadler at CTF for assistance.

Q. Should our budget reflect the match?

A. Yes. Detailed clarification in the RFP in attachment. These are in an excel format.

Q. I am concerned about the time line and getting the "Prevention Plan" in hand.

A. It should be available through the local CC. If you are unable to secure this, document the attempts made. Include that documentation in your grant application narrative.

Q. How can we secure the match dollars within this timeline? What documentation are you looking for and how much weight is given to this area?

A. Page 18 outlines the match requirements. Documentation of letters of approval for secured, or intend to secure match will be helpful. Status of match dollars is one component of the 10 points available for this area.

Q. Is rent a match?

A. Yes. Rent represents in-kind match.

Q. Please explain the matching funds statement on page 7 of the RFP. What does "10% in-kind minimum" mean?

A. There is a minimum match requirement of 25%. In-kind contributions <u>may not</u> exceed 10%. A greater than 25% match may be required to cover the total program costs. Be sure to reflect this in the budget.

Q. Does the local match have to remain constant (over the life of grant funding)?

A. Yes. The match must be a constant match throughout the years of funding, although the funders may change (25% minimum; in-kind not to exceed 10%). We understand applicants can not predict the future. Adjustments to the grant award have been made in ratio to the fluctuation of match funds. This is done through grant amendment with your grant monitor and with the approval of CTF.

(continued), In the RFP on page 18 instruction clarify the expectable match funds. You may not use match dollars from state school aid funding such as Michigan School Readiness, or Great Parents/Great Start. Also not, federal funding may not be used as match funding, such as Early On, Head Start, Medicaid or TANF.

Q. Please explain page 8, bullet 7, "provide TA to other communities".

A. This is not expected to be formal TA formats. We are hoping to create an environment of sharing best practices and helpfulness. This is not intended to be a burden of time or money on the sites, however, willingness to aid and support others in a statewide system always encouraged.

Q. What is not part of the 10 page limit referenced in the RFP?

A. Anything that is listed as an attachment is not part of the 10 pages. It will be helpful to have your document paginated.

Q. Is there an expectation that we will "exit" a family each year?

A. No. Families complete service when the risk factors have been mitigated, until their youngest child turns four, there is a substantiation of Category I or II from Child Protective Services, or the family says they wish to discontinue service. The length of time a family stays in services varies greatly, however, the evaluation tool does not dictate how long service last.

Zero to Three Secondary Prevention
Data Collection Definitions for
Monitoring and Evaluation Reporting

The purpose of this document is to provide guidance and definitions for the fields contained on the Data Collection Form (*Revised 01/04/06*). The Data Collection Form, formerly the Program Register, is used by the Zero to Three Secondary Prevention Grant Monitors to examine the progress of both the process and outcomes of grantees. Both process and outcomes are important in program monitoring; further, each of these pieces lends to the larger evaluation of the Initiative through the *Zero to Three Secondary Prevention Initiative Program Indicators*.

Formative evaluations focus on the processes of a program and answer such questions as:

- Who are we serving?
- What are the demographic characteristics of who we are serving?
- Are participants receiving recommended services?
- What other services are we providing?
- Are we doing what we said we would do?
- Are participants satisfied with services?

Summative evaluations focus on the end-results and outcomes of the program to meet the intent of the legislation, and focus on such questions as:

- Are participants better off when they leave our program?
- Do participants report improvements due to our service?
- Have objectively measurable changes been observed for our participants?

The Data Collection Form focuses primarily on the process components of programs. The outcome evaluation is using the Adult Adolescent Parenting Inventory (AAPI-2) as well as the 3-1B form which is used to evaluate participant involvement in Child Protective Services.

Therefore, the following definitions and Data Collection Form are intended to inform the process portion of the Zero to Three Secondary Prevention Initiative Evaluation.

The New Data Collection Form: Electronic Version

The new Data Collection Form provided is familiar in format but is electronically enhanced to compute all percentages and frequencies accurately. The only cells in which data may be entered or manipulated are those in the 1st, 2nd, 3rd, and 4th Quarter Columns. The Year to Date (YTD) and all percentages cells (%) will be calculated for you. Further, the form is locked and protected so no amendments or changes can be made to the format. This is to ensure that everyone is using the same form and collecting data the same way. With increased accountability requirements, the Initiative needs to ensure that data is being collected uniformly.

Attachment A is a copy of the new Data Collection Form. This is solely for reference; please use the electronic version for reporting to your grant monitor.

Note: Forms not completed correctly will be returned by your monitor for revisions.

Duplicated vs. Unduplicated Counts

For consistency, definitions offered below are to clarify the difference between a duplicated and unduplicated count. For the majority of the data indicators in the Data Collection Form, the counts will be unduplicated. Items 2A, 2E, 2G, 2I, and 2J are duplicated counts.

Duplicated refers to one person, family, child, pregnant woman, etc. being counted more than once for a given period of time. For example, if the majority of families served are served over all four quarters of a grant year, and recorded as served in the appropriate manner, if the number of families served across all four quarters were added this count would be duplicated. It is duplicated because the majority of families are being served in all 4 quarters, and hence counted as served in all four quarters. The total number of families served, if added across the 4 quarters would be inflated close to a factor of 4. It is for this reason that *duplicated counts are never added*.

Unduplicated refers to the person, family, child, pregnant woman, etc. being counted only once for a given period of time. For example, the number of newly enrolled families is only counted for the quarter in which they officially enter services. That is, their enrollment will be counted only once in the 4 quarters of the grant year. If the numbers of families enrolled for each quarter are added, and each family enrolled that year is counted once, then the total number of families enrolled across the 4 quarters is unduplicated and can provide an accurate number of the newly enrolled families for the previous grant year.

Data Collection Form Indicator Definitions

Section 1: Contact Information

Name of Program/Agency: Fill in the name of the program **and** the agency holding the Zero to Three Secondary Prevention grant.

Counties Served: List all of the counties served by the grant where services are provided.

Program Telephone Number: Fill in the telephone number for the grantee contact person

Quarter of the Fiscal Year: Indicate the quarter of the report you are submitting.
1st Quarter – October 1 through December 31
2nd Quarter – January 1 through March 31
3rd Quarter – April 1 through June 30
4th Quarter – July 1 through September 30

Date Forwarded: Fill in the date this form is being sent to your grant monitor.

Completed By: Provide the name of the person completing the form.

Section 2: Participant Data

This section is intended to document the number of families and children served as well as their status in the program or when they exited services. Please complete only the column that corresponds to the quarter for which the report is intended, highlighted in Section 1.

2A. Number of Families from Previous Quarter Continuing in Services

For each quarter, enter the number of families who remain in service *from the previous quarter*. If this is the first quarter of the grant year, enter the number of families remaining in services from the 4th quarter of the previous grant year. *This is a new field starting in the first quarter of Grant Year 2006*.

Data Entry Rules for 2A:
- Record the number of families continuing in services from the previous quarter
- The number entered in 2A for each quarter should equal the total number of families served less the number of families who aged-out, the number of families who completed the service, the number of families transitioning to other services and the number of families who dropped out of services in the previous quarter: [2A = 2E – (2K + 2L+ 2M + 2Na + 2Nb + 2Nc + 2Nd)].

2B. Number of Families Screened

Screening is the primary step to determine eligibility for your program. Each screening of one family may be counted. If a family is screened more than once during the quarter, ***count this family only once***. If the same family is screened in different quarters, then the family may be counted as screened in each quarter.

Data Entry Rules for 2B:
- Record the unduplicated number of families screened for each quarter in the appropriate box.

- The number screened must be greater than or equal to the number of families enrolled each quarter: (2B ≥ 2D).

2C. Number of Families Assessed

Assessment is the initial step in determining the needs of the children and families necessary to develop service plans. If one family is assessed twice in the same quarter, ***count this family only once***. If the same family is assessed in different quarters, then the family may be counted as assessed in both quarters.

Data Entry Rules for 2C:

- Record the unduplicated number of families screened for each quarter in the appropriate box.
- The number assessed must be greater than or equal to the number of families enrolled each quarter: (2C ≥ 2D).

2D. Number of Newly Enrolled Families

Enrollment is the formal entering in to services. In other words, the family is officially served[1]. If a family is enrolled, exited, and enrolled again in the same quarter, the family can only be counted once. However, if the family is enrolled and ***officially*** exited in one quarter, and then re-enrolls in a subsequent quarter, they may counted twice. This is the only time when a family may be counted twice in 2D.

Data Entry Rules for 2D:

- Record the unduplicated number of families enrolled for each quarter in the appropriate box.
- The number of families enrolled must not be greater than or equal to the number of families served, unless the number of families continuing from the previous quarter is zero: (2D < 2E).

2E: Number of Families Served

The number of families served is the number of families receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of families served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The family was still served[1].

Data Entry Rules for 2E:

- Record the number of families served for each quarter in the appropriate box.
- The number of families served is the number of families continuing from the previous quarter plus the newly enrolled families: (2E = 2A + 2D).

2F: Number of Newly Enrolled Children Ages 0-3

Newly enrolled children should be recorded in this section. Enrollment is the formal entering in to services. In other words, the child is officially served. If a child is enrolled, exited,

[1] Services funded through the Zero to Three Secondary Prevention Initiative (0-3) must serve families of very young children who are at-risk of child abuse and/or neglect. As the initiative has evolved through the years, the need for clarification on the definition of 0-3 eligibility is recognized. Families and children are eligible to begin services prenatally and continue until services are no longer necessary or up to the child's age of 48 months.

The eligible population includes expectant parents, families whose children meet the age requirement and families who meet the definition of "secondary prevention" as outlined by the enabling legislation[1]. Families who have an open Child Protective Services case with a Category I or II Disposition cannot be served through Zero to Three Secondary Prevention Services.

and enrolled again in the same quarter, the child can only be counted once. However, if the child is enrolled and ***officially*** exited in one quarter, and then re-enrolls in a subsequent quarter, they may be counted twice. This is the only time when a child may be counted twice in 2F.

Data Entry Rules for 2F:
- Record the unduplicated number of children enrolled for each quarter in the appropriate box.
- The number of children enrolled must not be greater than the number of children served: (2F < 2G).

2G: Total Number of Children Ages 0-3 Served

The number of children served is the number of children receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of children served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The child was still served.

Data Entry Rules for 2G:
- Record the number of children served for each quarter in the appropriate box.

2H. Total Number of Newly Enrolled Pregnant Women

If applicable, the number of pregnant women newly enrolled should be counted and entered. Enrollment is the formal entering in to services. In other words, the woman is officially served. If a pregnant woman is enrolled, exited, and enrolled again in the same quarter, they can only be counted once. However, if the woman is enrolled and ***officially*** exited in one quarter, and then re-enrolls in a subsequent quarter, she may counted twice. This is the only time when a pregnant woman may be counted twice in 2H.

Data Entry Rules for 2H:
- Record the unduplicated number of pregnant woman newly enrolled for each quarter in the appropriate box.
- The number of pregnant women enrolled must not be greater than the number of pregnant women served: (2H < 2I).

2I: Total Number of Pregnant Women Served

The number of pregnant women served is the number of pregnant women receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of pregnant women served** regardless if they discontinued aged-out, completed, or left services later in the quarter. The woman was still served.

Data Entry Rules for 2I:
- Record the total number of pregnant women served for each quarter in the appropriate box.

2J: Number of Families Served with 3 or More Risk Factors

Provide the number of families served with 3 or more risk factors. The list of risk factors is included in Attachment B at the end of this document and is the same list used in the initial application for Zero to Three funding. The number of families served with 3 or more risk factors is the number of families receiving Zero to Three Secondary Prevention Initiative funded services for the quarter with 3 or more risk factors. This number is the **total number of families served** with 3 or more risk factors regardless if they discontinued, aged-out, completed, or left services later in the quarter. The family was still served. The number of families served with three or more risk factors

is a sub-set of the total number of families served for the quarter and should not exceed this number.

Data Entry Rules for 2J:
- Record the number of families with 3 or more risk factors served for each quarter in the appropriate box.
- The number of families with 3 or more risk factors served should not exceed the total number of families served for the quarter as it is a sub-set of this number (2J ≤ 2E).

2K: Number of Families who "Aged-Out"

Report the number of families who, during the relevant quarter, exited services because the youngest child enrolled in Zero to Three Secondary Prevention funded services is over three years of age (4 years of age). Because of the guiding legislation, 0-3 services can only be provided to families with children ages birth to three. These families should only be counted if they have been screened, assessed, and officially enrolled in 0-3 funded services, then aged out. If the families were not officially enrolled, do not count them in this section.

Date Entry Rules for 2K:
- Record the number of families exiting services because the youngest child is over three years of age

2L: Number of Families Completing Service

Report the number of families successfully completing their service plan and exiting in the relevant quarter. Completing services means their service plans were fulfilled and the families' needs/goals/outcomes have been met. These families should only be counted if they have been screened, assessed, and officially enrolled in 0-3 funded services, and then completed services to the family's satisfaction. If the families were not officially enrolled, do not count them in this section.

Date Entry Rules for 2L:
- Record the number of families exiting services because they have successfully completed their service plan.

2M: Number of Families Transitioned to Other Services

Provide the number of families who exited services and transitioned to a service where their needs will be better addressed. These families should only be counted if they have been screened, assessed, and officially enrolled in 0-3 funded services, and then transitioned out. If the families were not officially enrolled, do not count them in this section. These families have not completed 0-3 services; rather, they need to move to more appropriate services. This data should also include families moving out of your service area *who have been referred to services in their new area of residence*.

Date Entry Rules for 2M:
- Record the number of families transitioning to other services.

2N: Number of Families who Dropped Out of Services

Report the number of families who dropped out of services because they are no longer interested in the service, they are unable to be located, or for other reasons. These families should only be counted if they have been screened, assessed, and officially enrolled in 0-3 funded services, and then dropped out. If the families were not officially enrolled, please do not count them in this section.

For 2Na, report the number of families who are no longer interested in receiving 0-3 funded services. These families should express that they no longer wish to participate either with words or actions per your program's written policy. For 2Nb, report the number of families no longer able to be contacted or located by the program. These families did not express interest in leaving the program, not were they transitioned to other services, aged out, or completed services. For 2Nc and 2Nd, list other reasons you may have for families dropping out of services and provide the relevant data.

Data Entry Rules for 2N:

- 2Na = The number of families no longer interested in services
- 2Nb = The number of families no longer able to be contacted by the program
- 2Nc = Other reasons your program has for families dropping out of services not covered by other options and relevant data
- 2Nd = Other reasons your program has for families dropping out of services not covered by other options and relevant data

Section 3: Race/Ethnicity of Children Served

Section 3 collects data on the number of children served, per quarter, based on racial and ethnic demographics. The number of children served should be place into one of the 5 provided racial/ethnic categories *based on the family-identified race or ethnicity*. No judgments should be made by program staff about the validity of the choice by the family of their race/ethnicity.

A multi-racial category has been added to account for those participants who may fall in to more than one race and or/ethnic category. According to the US Census Bureau[2], a multi-racial person can chose to identify with two or more race and/or ethnic groups according to their personal identity.

The number of children served is the number of children receiving Zero to Three Secondary Prevention Initiative funded services for the quarter. This number is the **total number of children served** regardless if they discontinued, aged-out, completed, or left services later in the quarter. The child was still served.

Data Entry Rules for Section 3:

- The number of Black or African-American, Hispanic or Latin-American, White or Caucasian, Multi-Racial, and Other Race/Ethnicity should equal the number of Children Served in 2G. This number will be checked with the following method: (Section 3 = #Black or African American + #Hispanic or Latin American + #White or Caucasian + #Multi-Racial + #Other = 2G)
- Include the other races/ethnicities served in the space provided

Section 4: Service Provided

This section reports the number of activities/services/events provided by the grantee in the quarter. This section does not count the number of families or children served, but the number of actual services provided. One unit of service is counted once.

[2] http://www.census.gov/population/cen2000/phc-2-a-B.pdf

4A: Home Visits – Initial and subsequent visits in the family home.
4B: Parenting Classes – Education or skill-building classes and curriculum on child development, parenting, local family resources, or other topics related to the prevention of child maltreatment.
4C: Parent Support Groups – Meetings of peers to support each other and exchange information and ideas.
4D: Service Coordination – Coordinate and manage supports and services for the family and children based on identified needs.
4E: Child Care Services – Care services provided to children in the absence of a parent.
4F: Respite Care Services – Care services provided for children in short intervals to allow the parent/caregiver a break from parenting to enhance the positive and safe functioning of a family.
4G: Transportation – Providing transportation services to a client or group of clients in order to facilitate access to needed services and supports.
4H: One-on-One Counseling – Therapeutic interventions aimed at the mental health of families/individuals; Counseling meetings home-based or otherwise focused on the needs of the family/individual.
4I.1: Other Service: Phone Contacts: Provide the number of telephone contacts, both in-coming, and outgoing, provided by your program with the distinct focus on secondary prevention activities.
4I.2: Other Service: Developmental Newsletters – Provide the number of developmental newsletters disseminated (number of mailings) per quarter.
4I.3: Other Service: Developmental Assessments/Screenings – Provide the number of developmental assessments provided per quarter. This is the number of developmental assessments/screenings provided, not the number of children receiving the assessments/screenings. Item 5E counts the number of children receiving these assessments/screenings.
4I.4: Other Services: Please aggregate other services not listed above and provide their names in the space provided.

Section 5: Outcome Data

This section collects data on the number of families or children served who receive certain service provisions. These indicators base their calculation on the total number of families served (2E) or the total number of children ages 0-3 served (2G) unless otherwise noted.

5A: Number and percentage of families who have a primary health care provider

Report the number of families served in the quarter who have identified a primary health care provider for their family. This should be *beyond an awareness* of a doctor or physician or other provider; it should be the identified person or agency where the family *actually receives* health services.

Data Entry Rules for 5A:
- Report the number of families served with a primary health care provider
- The number of families in 5A may not be more than the number of families reported in 2E: (5A ≤ 2E)
- The percentage will automatically be calculated

5B: Number and percentage of children who are up-to-date with age-appropriate immunizations

Record the number of children served up-to-date with age-appropriate immunizations required by the American Academy of Pediatrics (AAP; www.aap.org). The 2005 AAP recommended immunization schedule is provided as Attachment C. Within reasonable and

best efforts, the Michigan Childhood Immunization Registry (MCIR; www.mcir.org) should be used to verify immunization status. If the MCIR cannot be accessed, other means, including parent report, may be used. Please contact your grant monitor for technical assistance.

Data Entry Rules for 5B:
- Report the number of children served up-to-date with age-appropriate immunizations
- The number of children in 5B may not be more than the number of children reported in 2G: (5B ≤ 2G)
- The percentage will automatically be calculated

5C: Number and percentage of 0-3 age children who are up-to-date with well-child visits

Record the number of the children receiving the recommended AAP Preventive Pediatric Health Care (well-child visits) in the given quarter. The Recommendation for Preventative Pediatric Health Care (RE9535) is provided as Attachment D.

Data Entry Rules for 5C:
- Report the number of children served who are up-to-date with well-child visits
- The number of children in 5C may not be more than the number of children reported in 2G: (5C ≤ 2G)
- The percentage will automatically be calculated

5D: Number and percentage of pregnant women who received the recommended number of prenatal visits

Record the number of pregnant women served who received the recommended number of prenatal visits by the American College of Obstetricians and Gynecologists (ACOG; www.acog.org) during the given quarter. The recommended prenatal visit schedule for a typical 40 week pregnancy is provided in Attachment E. Please contact the ACOG or the Michigan Department of Public Health for more information.

Data Entry Rules for 5D:
- Report the number of pregnant women served who are receiving the recommended number of prenatal visits for the given quarter
- The number of women in 5D may not be more than the number of women reported in 2I: (5D ≤ 2I)
- The percentage will automatically be calculated

5E: Number and percentage of 0-3 age children who participated in developmental screening during the quarter

Record the number of children whose development was assessed during the quarter. It is understood that not all children will be eligible for a developmental screening each quarter, so numbers may not include all the children ages 0-3 served. The intensity of screenings should follow the timeline provided with the screening tool each grantee is using. For example, the Ages and Stages Questionnaire, a common tool, has 19 screenings available from birth to 4 years of age, and is flexible to be used at many different intervals.

As in item 4I.3, the terms assessment and screening are interchangeable for developmental evaluation activities.

Data Entry Rules for 5E:
- Report the number of children served who participated in developmental screening for the given quarter

- The number of children in 5E may not be more than the number of children reported in 2G: (5E ≤ 2G)
- The percentage will automatically be calculated

5F: The number and percentage of 0-3 age children who met age-appropriate developmental milestones

Record the number of children who received a developmental screening in the quarter and met the developmental milestones for their age group within the normal or above normal ranges. This number is based on the number of children who received a developmental screening in the quarter, not all the children served in the given quarter.

Data Entry Rules for 5F:

- Report the number of children who received a developmental screening in the quarter and met age-appropriate developmental milestones
- The number of children in 5F may not be more than the number of children reported in 5E: (5F ≤ 5E)
- The percentage will automatically be calculated

5G: Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones

Record the number of children who received a developmental screening the quarter and *did not meet* developmental milestones for their age group. This number is based on the number of children who received a developmental screening in the quarter, not all children served.

Data Entry Rules for 5G:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones
- The number of children in 5G may not be more than the number of children reported in 5E: (5G ≤ 5E)
- The number reported in 5G, when added to the number reported in 5F, must equal the number reported in 5E: (5G + 5F = 5E)
- The percentage will automatically be calculated

5Ga: Number and percentage of children with a suspected developmental delay who were referred to appropriate services

Record the number of children for the quarter who received a developmental screen, did not meet their age-appropriate development, and were referred for appropriate developmental services. This number is based on the number of children who did not meet their developmental milestone, not the total number of children receiving screens nor the total number of children served.

Data Entry Rules for 5Ga:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones, and hence were referred to appropriate services
- The number of children in 5Ga may not be more than the number of children reported in 5G: (5Ga ≤ 5G)
- The percentage will automatically be calculated

5Gb: Number and percentage of families whose children were referred for developmental services that followed through with the referral

Record the number of referrals for developmental services for which families followed through with the referrals. This number is based on the number of children/families referred for developmental services, not the number of children who did not meet developmental milestones, or those screened or the total number of children served.

Data Entry Rules for 5Gb:

- Report the number of children who received a developmental screening in the quarter and did not meet age-appropriate developmental milestones, and hence were referred to appropriate services and followed through with the referral
- The number of children in 5Gb may not be more than the number of children reported in 5Ga: (5Gb ≤ 5Ga)
- The percentage will automatically be calculated

Section 6: Participant Satisfaction

Participant satisfaction surveys are not required for every quarter, but at least once during the grant year as part of the locally-based program evaluation. Section 6 is intended to organize data on participant satisfaction with 0-3 funded services as well as participant reports of impact.

6A: Number and percentage of families sent the satisfaction survey

Report the number of families served who were sent/given the satisfaction survey for the given quarter. If no families received the survey in the quarter, enter a zero (0) and do not proceed with the remainder of the section. This is a new data field starting in Grant Year 2006.

Data Entry Rules for 6A:

- Report the number of families receiving the satisfaction survey for the given quarter.
- The number of families in 6A may not be more than the total number of families served as reported in 2E: (6A ≤ 2E)

6B: Number and percentage of families responding to the satisfaction survey

Report the number of families served who received a satisfaction and who completed and returned the survey for the given quarter. This number is based on the number of families receiving a survey, not on the total number of families served. This is a new data field starting in Grant Year 2006.

Data Entry Rules for 6B:

- Report the number of families receiving the satisfaction survey *and* returning the completed survey for the given quarter.
- The number of families in 6B may not be more than the number of families receiving surveys as reported in 6A: (6B ≤ 6A)

6C: Number and percentage of families who were satisfied with 0-3 services

Report the number of families who received and returned the satisfaction survey and who were served in 0-3 services. This number is based on the number of families who received, completed, and returned the satisfaction survey, not on the number of families served for the quarter.

Data Entry Rules for 6C:

- Report the number of families receiving the satisfaction survey who returned the completed survey for the given quarter and indicated satisfaction with 0-3 services.
- The number of families in 6C may not be more than the number of families receiving and returning surveys as reported in 6B: (6C ≤ 6B)

6D: Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s)

Report the number of families who indicated an impact on their parenting skills by participation in 0-3 services. This number is based on the number of families who received and returned a complete satisfaction survey, not on the total number of families served.

Data Entry Rules for 6D:

- Report the number of families receiving the satisfaction survey *and* returning the completed survey for the given quarter who indicated that the 0-3 services in which they participated improved their parenting skills
- The number of families in 6D may not be more than the number of families receiving and returning completed surveys as reported in 6B: (6D ≤ 6B)

Attachment A:

Data Collection Form

Note: This is provided as a reference, please use the Electronic Microsoft Excel version

0-3 Secondary Prevention Programs
Data Collection Form
(formerly known as the program register)
Fiscal Year 2005-2006

1. Contact Information

CTF Grant Monitor Approval_____

Name of Program/Agency:_____ County(ies) Served:_____

Program Telephone Number: ( ) _____ Quarter of the Year: ____ 1st ____ 2nd ____ 3rd ____ 4th

Date Forwarded: Completed By:_____
(Print or Type Name)

2. Participant Data (for all programs/services funded by the 0-3 grant)	**Quarterly Services & Year-To-Date Totals**							
	1st	YTD	2nd	YTD	3rd	YTD	4th	YTD
A. Number of Families from Previous Quarter Continuing in Services*								
B. Number of Families Screened		0		0		0		0
C. Number of Families Assessed		0		0		0		0
D. Number of Newly Enrolled Families		0		0		0		0
E. Total Number of Families Served *								
F. Number of Newly Enrolled age 0-3 Children		0		0		0		0
G. Total Number of Children age 0-3 Served *								
H. Number of Newly Enrolled Pregnant Women (if applicable)		0		0		0		0
I. Total Number of Pregnant Women Served (if applicable) *								
J. Number of Families Served with 3 or more Risk Factors*								
K. Number of Families who "aged out"		0		0		0		0
L. Number of Families Completing Service		0		0		0		0
M. Number of Families Transitioned to Other Services		0		0		0		0
N. Number of Families who Dropped Out of Services								
a. Number of families who are no longer interested in service		0		0		0		0
b. Number of families that are unable to be located		0		0		0		0
c. Other (please specify) _____		0		0		0		0
d. Other (please specify) _____		0		0		0		0

3. Race/Ethnicity of Children Served		1st		2nd		3rd		4th	
Race: Black or African-American	Child								
Race: Hispanic or Latin-American	Child								
Race: White or Caucasian	Child								
Race: Multi-Racial	Child								
Other Race (Please Specify): _____	Child								

4. Services Provided	1st	YTD	2nd	YTD	3rd	YTD	4th	YTD
A. Home Visits		0		0		0		0
B. Parenting Classes		0		0		0		0
C. Parent Support Groups		0		0		0		0
D. Service Coordination		0		0		0		0
E. Child Care Services		0		0		0		0
F. Respite Care Services		0		0		0		0
G. Transportation		0		0		0		0
H. One-on-one counseling		0		0		0		0
I.1 Other Service: Phone Contacts		0		0		0		0
I.2 Other Service: Developmental Newsletters		0		0		0		0
I.3 Other Service: Developmental Assessments/Screenings		0		0		0		0
I.4 Other Service:(Specify):		0		0		0		0

5. Outcome Data		1st		2nd		3rd		4th	
A. Number and percentage of families who have a primary health care provider	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
B. Number and percentage of 0-3 age children who are up-to-date with age-appropriate immunizations	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
C. Number and percentage of 0-3 age children who are up-to-date with well-child visits	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
D. Number and percentage of pregnant women who received the recommended number of prenatal visits	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
E. Number and percentage of 0-3 age children who participated in developmental screening during the quarter	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
F. Number and percentage of 0-3 age children who met age-appropriate developmental milestones	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
G. Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
a. Number and percentage of 0-3 age children with a suspected developmental delay who were referred to appropriate services	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
b. Number and percentage of families who followed through with the referral(s) to appropriate developmental services	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
6. If a participant satisfaction survey was completed this quarter, complete the following:									
A. Number and percentage of families sent the satisfaction survey	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
B. Number and percentage of families responding to the satisfaction survey	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
C. Number and percentage of families who were satisfied with 0-3 services	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
D. Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s)	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

<u>Attachment B</u>:

40 Risk Factors for Families with Children Zero through Three

Note: This was provided in the original application for Zero to Three Secondary Prevention Funding.

POPULATION TO BE SERVED

The target population is **families with children from 0-3 who are at risk**, who meet the secondary prevention definition, and are not on the active Child Protective Services caseload of the Department of Human Services. Risk factors are listed below; a family may have one or more of these risk factors.

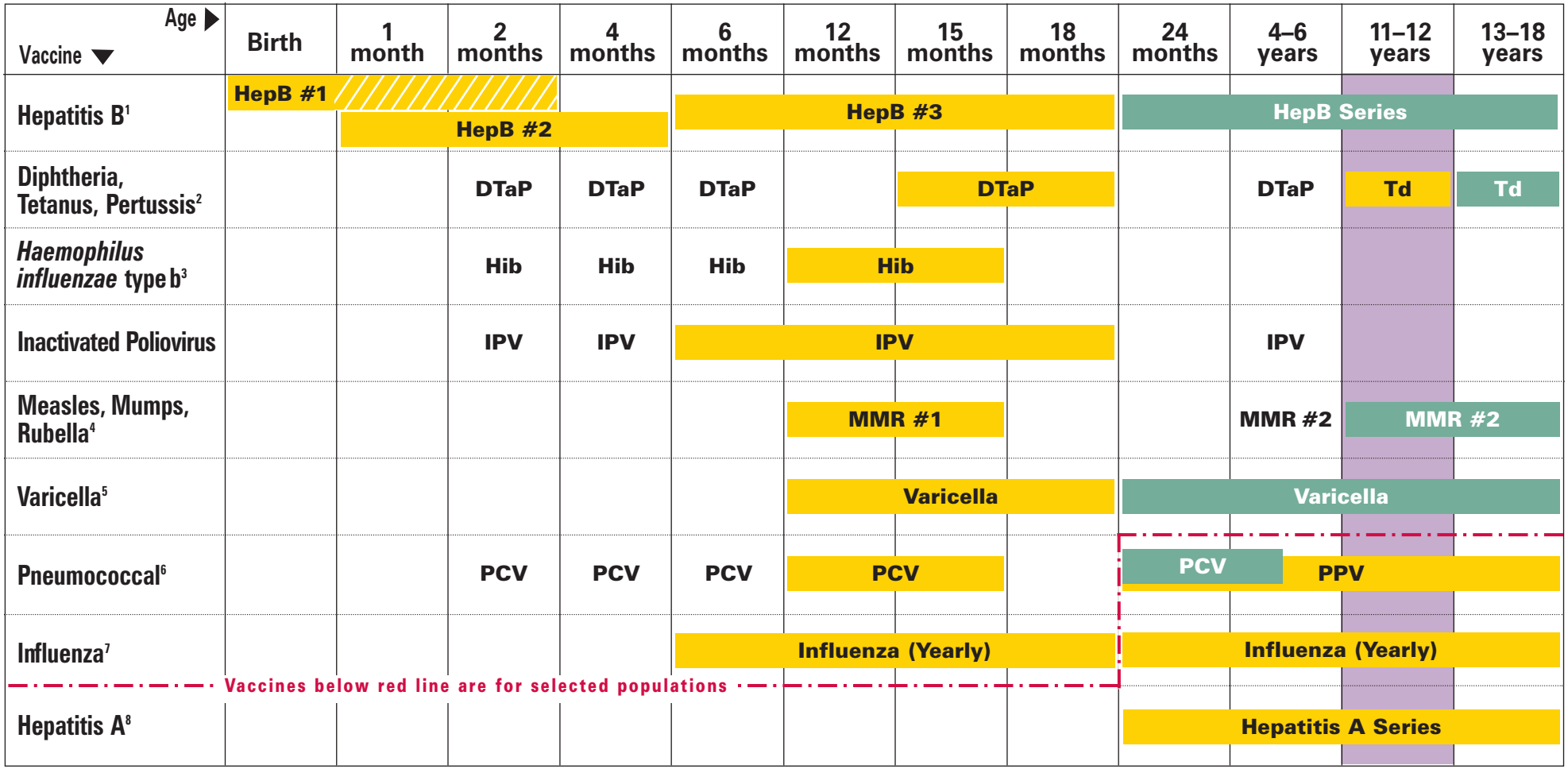
RISK FACTORS

1. Infant with Low Birth Weight
2. Infant/Child who is Drug-Exposed
3. Infant/Child Diagnosed with Failure to Thrive
4. Child with Developmental Delay
5. Child with Nutritional Deficiency
6. Child with Long-Term Chronic Illness
7. Child with Diagnosed Handicapping Condition
8. Child Unwanted or at risk for Poor Bonding
9. Parent with Negative or Ambivalent Attitude regarding Pregnancy or Parenting
10. Parent who Perceives Child as Difficult
11. Parent who Perceives Harsh Punishment of Child as Appropriate
12. Parent with Rigid and Unrealistic Expectations of Child's Behavior
13. Parent with Diagnosed Physical Condition that Interferes with Parenting Ability
14. Parent with Serious Mental Disturbance
15. Parent with Low Self Esteem and/or Depression
16. Parent with Learning Disability
17. Parent who is Emotionally Immature
18. Parent with Destructive or Violent Temperament
19. Parent with Substance Abuse or Addiction
20. Parent with Language Deficiency or Immaturity
21. Non-English or Limited English Speaking Household
22. Family History of Low School Achievement or Dropout
23. Family History of Child Abuse
24. Family History of Delinquency
25. Family History of Diagnosed Family Problems
26. Low Parental/Sibling Educational Attainment or Illiteracy
27. Family with Multiple Crises or Stresses
28. Family with Marital/Partner Conflict
29. Family with Extended Family Conflict
30. Family with Housing Problems
31. Family in an Unsafe Living Environment
32. Family who is Homeless
33. Family who is Isolated with Inadequate Support System
34. Single Parent
35. Unemployed Parents
36. Low Family Income
37. Teen Parent
38. Family with a Large Number of Children or Closely Spaced Young Children
39. Family with Incarcerated Parents
40. Other

Attachment C:

Recommended Childhood and Adolescent Immunization Schedule

Recommended Childhood and Adolescent Immunization Schedule UNITED STATES • 2005



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2004, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible.

Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: www.vaers.org or by calling 800-822-7967.

- Range of recommended ages
- Only if mother HBsAg(–)
- Preadolescent assessment
- Catch-up immunization

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC SAFER·HEALTHIER·PEOPLE™

The Childhood and Adolescent Immunization Schedule is approved by:
Advisory Committee on Immunization Practices www.cdc.gov/nip/acip
American Academy of Pediatrics www.aap.org
American Academy of Family Physicians www.aafp.org

Footnotes

Recommended Childhood and Adolescent Immunization Schedule

UNITED STATES • 2005

1. **Hepatitis B (HepB) vaccine.** All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg) negative. Only monovalent HepB can be used for the birth dose. Monovalent or combination vaccine containing HepB may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be given at least 4 weeks after the first dose, except for combination vaccines which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

   Infants born to HBsAg-positive mothers should receive HepB and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks. These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at age 9–15 months.

   Infants born to mothers whose HBsAg status is unknown should receive the first dose of the HepB series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1–2 months. The last dose in the immunization series should not be administered before age 24 weeks.

2. **Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be given at age ≥4 years. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11–12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. ***Haemophilus influenzae* type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age ≥12 months.

4. **Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at age 11–12 years.

5. **Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive 2 doses, given at least 4 weeks apart.

6. **Pneumococcal vaccine.** The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children aged 2–23 months. It is also recommended for certain children aged 24–59 months. The final dose in the series should be given at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9):1-35.

7. **Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes), healthcare workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53[RR-6]:1-40) and can be administered to all others wishing to obtain immunity. In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–23 months are recommended to receive influenza vaccine, because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons aged 5–49 years, the intranasally administered live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2004;53(RR-6):1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if 6–35 months or 0.5 mL if ≥3 years). Children aged ≤8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

8. **Hepatitis A vaccine.** Hepatitis A vaccine is recommended for children and adolescents in selected states and regions and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high-risk groups who have not been immunized against hepatitis A can begin the hepatitis A immunization series during any visit. The 2 doses in the series should be administered at least 6 months apart. See *MMWR* 1999;48(RR-12):1-37.

Recommended Immunization Schedule
for Children and Adolescents Who Start Late or Who Are More Than 1 Month Behind
UNITED STATES • 2005

The tables below give catch-up schedules and minimum intervals between doses for children who have delayed immunizations. There is no need to restart a vaccine series regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

CATCH-UP SCHEDULE FOR CHILDREN AGED 4 MONTHS THROUGH 6 YEARS

Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Diphtheria, Tetanus, Pertussis	6 wks	4 weeks	4 weeks	6 months	6 months[1]
Inactivated Poliovirus	6 wks	4 weeks	4 weeks	4 weeks[2]	
Hepatitis B[3]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Measles, Mumps, Rubella	12 mo	4 weeks[4]			
Varicella	12 mo				
Haemophilus influenzae type b[5]	6 wks	4 weeks if first dose given at age <12 months 8 weeks (as final dose) if first dose given at age 12-14 months No further doses needed if first dose given at age ≥15 months	4 weeks[6] if current age <12 months 8 weeks (as final dose)[6] if current age ≥12 months and second dose given at age <15 months No further doses needed if previous dose given at age ≥15 mo	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal[7]	6 wks	4 weeks if first dose given at age <12 months and current age <24 months 8 weeks (as final dose) if first dose given at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose given at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose given at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	

CATCH-UP SCHEDULE FOR CHILDREN AGED 7 YEARS THROUGH 18 YEARS

Vaccine	Minimum Interval Between Doses		
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Tetanus, Diphtheria	4 weeks	6 months	**6 months**[8] if first dose given at age <12 months and current age <11 years **5 years**[8] if first dose given at age ≥12 months and third dose given at age <7 years and current age ≥11 years **10 years**[8] if third dose given at age ≥7 years
Inactivated Poliovirus[9]	4 weeks	4 weeks	IPV[2,9]
Hepatitis B	4 weeks	8 weeks (and 16 weeks after first dose)	
Measles, Mumps, Rubella	4 weeks		
Varicella[10]	4 weeks		

Footnotes

Children and Adolescents Catch-up Schedules

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1. **DTaP.** The fifth dose is not necessary if the fourth dose was given after the fourth birthday.
2. **IPV.** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was given at age ≥4 years. If both OPV and IPV were given as part of a series, a total of 4 doses should be given, regardless of the child's current age.
3. **HepB.** All children and adolescents who have not been immunized against hepatitis B should begin the HepB immunization series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B virus infection is moderately or highly endemic.
4. **MMR.** The second dose of MMR is recommended routinely at age 4–6 years but may be given earlier if desired.
5. **Hib.** Vaccine is not generally recommended for children aged ≥5 years.
6. **Hib.** If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB or ComVax [Merck]), the third (and final) dose should be given at age 12–15 months and at least 8 weeks after the second dose.
7. **PCV.** Vaccine is not generally recommended for children aged ≥5 years.
8. **Td.** For children aged 7–10 years, the interval between the third and booster dose is determined by the age when the first dose was given. For adolescents aged 11–18 years, the interval is determined by the age when the third dose was given.
9. **IPV.** Vaccine is not generally recommended for persons aged ≥18 years.
10. **Varicella.** Give 2-dose series to all susceptible adolescents aged ≥13 years.

Report adverse reactions to vaccines through the federal Vaccine Adverse Event Reporting System. For information on reporting reactions following immunization, please visit www.vaers.org or call the 24-hour national toll-free information line 800-822-7967. Report suspected cases of vaccine-preventable diseases to your state or local health department.

For additional information about vaccines, including precautions and contraindications for immunization and vaccine shortages, please visit the National Immunization Program Web site at www.cdc.gov/nip or call the National Immunization Information Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Attachment D:

Recommendations for Preventive Pediatric Health Care

Recommendations for Preventive Pediatric Health Care (RE9535)

Committee on Practice and Ambulatory Medicine

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care.**

	INFANCY[4]									EARLY CHILDHOOD[4]					MIDDLE CHILDHOOD[4]				ADOLESCENCE[4]										
AGE[5]	PRENATAL[1]	NEWBORN[2]	2-4d[3]	By 1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																	
Blood Pressure													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING Vision		S	S	S	S	S	S	S	S	S	S	S	O[6]	O	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
Hearing		O[7]	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT[8]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION[9]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES-GENERAL[10]																													
Hereditary/Metabolic Screening[11]		◄	●	►																									
Immunization[12]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin[13]								•	►	★	◄	●	►						◄	●	[14]	►							
Urinalysis															•				◄	●	►			[15]	►				
PROCEDURES-PATIENTS AT RISK																													
Lead Screening[16]								★	►			★																	
Tuberculin Test[17]									★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Cholesterol Screening[18]												★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
STD Screening[19]																			★	★	★	★	★	★	★	★	★	★	★
Pelvic Exam[20]																			★	★	★	★	★	★	★	★	◄	★	► ★
ANTICIPATORY GUIDANCE[21]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Injury Prevention[22]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Violence Prevention[23]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sleep Positioning Counseling[24]	•	•	•	•	•	•	•																						
Nutrition Counseling[25]	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DENTAL REFERRAL[26]									◄				●	►															

1. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement "Breastfeeding and the Use of Human Milk" (1997).
3. For newborns discharged in less than 48 hours after delivery per AAP statement "Hospital Stay for Healthy Term Newborns" (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, rescreen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, "Newborn and Infant Hearing Loss: Detection and Intervention" (1999).
8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (eg, thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of *Pediatrics*. Every visit should be an opportunity to update and complete a child's immunizations.
13. See AAP *Pediatric Nutrition Handbook* (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (eg, premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States. *MMWR*. 1998;47 (RR-3):1-29.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure consult the AAP statement "Screening for Elevated Blood Levels" (1998). Additionally, screening should be done in accordance with state law where applicable.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs).
20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP *Guidelines for Health Supervision III* (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP®) as described in *A Guide to Safety Counseling in Office Practice* (1994).
23. Violence prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level" (1999).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "Positioning and Sudden Infant Death Syndrome (SIDS): Update" (1996).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP *Handbook of Nutrition* (1998).
26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

Key: ● = to be performed ★ = to be performed for patients at risk
S = subjective, by history O = objective, by a standard testing method
◄—●—► = the range during which a service may be provided, with the dot indicating the preferred age.

NB: Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, etc) is discretionary with the physician.

American Academy of Pediatrics

Attachment E:

Recommendations for the Number of Prenatal Care Visits

American College of Obstetricians and Gynecologists

Recommended Prenatal Visit Schedule:

For a full-term (40-week) pregnancy with no complications,
ACOG recommends prenatal-care visits:

- Every 4 weeks for the first 28 weeks of pregnancy,
- Every 2-3 weeks until 36 weeks of gestation,
- and weekly, thereafter, although flexibility is desirable.

Note: The frequency and complexity of these visits may vary, according to previous obstetrical history, and any special needs that the mother and baby may have.

0-3 Secondary Prevention Programs
Data Collection Form
(formerly known as the program register)
Fiscal Year 2005-2006

1. Contact Information

CTF Grant Monitor Approval_____

Name of Program/Agency:_____ County(ies) Served:_____

Program Telephone Number: ( ) _____ Quarter of the Year: ____ 1st ____ 2nd ____ 3rd ____ 4th

Date Forwarded: Completed By:_____
(Print or Type Name)

2. Participant Data (for all programs/services funded by the 0-3 grant)		**Quarterly Services & Year-To-Date Totals**							
		1st	YTD	2nd	YTD	3rd	YTD	4th	YTD
A. Number of Families from Previous Quarter Continuing in Services*									
B. Number of Families Screened			0		0		0		0
C. Number of Families Assessed			0		0		0		0
D. Number of Newly Enrolled Families			0		0		0		0
E. Total Number of Families Served *									
F. Number of Newly Enrolled age 0-3 Children			0		0		0		0
G. Total Number of Children age 0-3 Served *									
H. Number of Newly Enrolled Pregnant Women (if applicable)			0		0		0		0
I. Total Number of Pregnant Women Served (if applicable) *									
J. Number of Families Served with 3 or more Risk Factors*									
K. Number of Families who "aged out"			0		0		0		0
L. Number of Families Completing Service			0		0		0		0
M. Number of Families Transitioned to Other Services			0		0		0		0
N. Number of Families who Dropped Out of Services									
a. Number of families who are no longer interested in service			0		0		0		0
b. Number of families that are unable to be located			0		0		0		0
c. Other (please specify) _____			0		0		0		0
d. Other (please specify) _____			0		0		0		0
3. Race/Ethnicity of Children Served		1st		2nd		3rd		4th	
Race: Black or African-American	Child								
Race: Hispanic or Latin-American	Child								
Race: White or Caucasian	Child								
Race: Multi-Racial	Child								
Other Race (Please Specify): _____	Child								
4. Services Provided		1st	YTD	2nd	YTD	3rd	YTD	4th	YTD
A. Home Visits			0		0		0		0
B. Parenting Classes			0		0		0		0
C. Parent Support Groups			0		0		0		0
D. Service Coordination			0		0		0		0
E. Child Care Services			0		0		0		0
F. Respite Care Services			0		0		0		0
G. Transportation			0		0		0		0
H. One-on-one counseling			0		0		0		0
I.1 Other Service: Phone Contacts			0		0		0		0
I.2 Other Service: Developmental Newsletters			0		0		0		0
I.3 Other Service: Developmental Assessments/Screenings			0		0		0		0
I.4 Other Service:(Specify):			0		0		0		0

5. Outcome Data		1st		2nd		3rd		4th	
A. Number and percentage of families who have a primary health care provider	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
B. Number and percentage of 0-3 age children who are up-to-date with age-appropriate immunizations	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
C. Number and percentage of 0-3 age children who are up-to-date with well-child visits	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
D. Number and percentage of pregnant women who received the recommended number of prenatal visits	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
E. Number and percentage of 0-3 age children who participated in developmental screening during the quarter	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
F. Number and percentage of 0-3 age children who met age-appropriate developmental milestones	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
G. Number and percentage of 0-3 age children who did not meet age appropriate developmental milestones	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
a. Number and percentage of 0-3 age children with a suspected developmental delay who were referred to appropriate services	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
b. Number and percentage of families who followed through with the referral(s) to appropriate developmental services	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
6. If a participant satisfaction survey was completed this quarter, complete the following:									
A. Number and percentage of families sent the satisfaction survey	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
B. Number and percentage of families responding to the satisfaction survey	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
C. Number and percentage of families who were satisfied with 0-3 services	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
D. Number and percentage of families who reported that their parenting skills improved as a result of the 0-3 service(s)	#								
	%	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

Guidelines for Locally Implemented Annual Evaluations for Grantees of the State of Michigan's Zero to Three Secondary Prevention Initiative

Compiled by Michael D. Gillespie, MSW - Gillespie Research, LLC

All Zero to Three Secondary Prevention Initiative (0-3) Grantees are required to conduct an annual locally implemented evaluation[1]. This evaluation should be in addition to the evaluation data required by the funding agencies and the Michigan Children's Trust Fund. Moreover, this evaluation should be both a quantitative and qualitative reflection of the grantee's impact on the local community, and the community and/or county's impact on the prevention of child abuse and neglect.

While the data that each grantee collects for the required state-level evaluation[2] of 0-3 is used by the initiative evaluator for legislative and other reporting requirements, these localized evaluations are for the purpose of informing grant monitors and administrators about the successes, challenges, and processes of grantees and their programs. Further, these local evaluations can be used in grant reviews, to holistically inform future grant applications, and to empower and support the larger state-level evaluation with in-depth localized information.

With this stated, the local evaluation does not have to be a daunting task. It does not require clinical trials utilizing "double-blind" comparison groups and other such scientific processes. Historically, some grantees have chosen to contract with an external evaluator but this is not required: a perfectly feasible, valid, and acceptable evaluation can be conducted without such assistance. This document is meant to act as a guide for those grantees unable to contract with an outside evaluator, and for those that do, to meet the requirements of 0-3 Grant Monitors. This document will not offer set parameters for page lengths or font size, nor will it layout requirements for the types of charts and graphs one should use in developing a report. Instead, this document, in its brevity, will offer suggestions for the types of information and data points that 0-3 Grant Monitors will look for when reviewing evaluation reports.

[1] Please refer to the Zero to Three Secondary Prevention Grant Agreement, Evaluation Section, Subsection A

[2] State-level evaluation requirements include: the Adult-Adolescent Parenting Inventory, Quarterly Data Collection Form Submissions, 31-B Forms for CPS Involvement, and the use of the Zero to Three Secondary Prevention Initiative Indicators.

Unlike traditional evaluation reports replete with statistical and technical jargon, the local annual evaluation should focus more on a reflective "self-evaluation". The local evaluation should be a culmination of the program's year and include a discussion of program processes, data, and outcomes, which leads to a qualitative and reflexive evaluation on how this information will help improve the program.

Because the initiative collects a substantial amount of quantitative data, the focus of the local evaluation is not on what the data are saying. More important, the focus should be on how the program summarizes their own data, how the data highlight successes and challenges of the year, and what implications the data have for the program in the coming year.

At a minimum, local evaluation reports to 0-3 Grant Monitors should include the following four sections:

1) An introductory section that outlines the contents of the report, including a program description, data collection tools, data collection methods, and general findings/conclusions.
   a) This is important as it offers space to highlight important information in the report.
   b) One may consider this component similar to an "executive summary" but the reader should be able to understand the program by reading the introduction.

2) A section that highlights both success and challenges of the year evident through a review of program data[3].
   a) Use data descriptively and organize key information.
      i) Quantitative analysis does not have to be difficult; simple frequencies and averages are often effective enough.
   b) Discuss the data in the context of what it means for your program. Why are the data important?
      i) Clarity, not complexity, makes for effective data analysis.
   c) Discuss the success and challenges based on the data.

3) A section that focuses on other program information that is not apparent through the data.
   a) What happened during the year that helped or hindered the delivery of the program?

[3] Program data includes the required data collected for the state-level evaluation as well as other data and information collected locally, but not reported in other formats to the initiative. One important component is the results of the parent/client satisfaction survey. Because minimal information is required quarterly from the satisfaction survey, this is an opportunity to highlight other findings from the survey. The parent/client satisfaction survey is an effective tool to use as the foundation of the local evaluation. It certainly does not have to be limited to satisfaction and could be the only other data collected for this purpose.

4) The final component should focus on a summary of the data and other program information in the context of continuous improvement and program planning.
    a) Ultimately, this is where the report will present how the information presented in the previous sections will impact the future of the program.
    b) Specifically, it moves from what the data are saying to what the program is learning, expanding, and changing because of the data.
    c) This section should, minimally, set the direction for program implementation in the following grant year, and inform the local program, grant monitors, and administrators of the direction of the program.

Technical Assistance with Local Program Evaluations:

Contact your grant monitor!
Jeff Sadler, Michigan Children's Trust Fund
517.335.4620
sadlerm@michigan.gov

Dawn Ritter, Michigan Department of Human Services
517.335.0650
ritterd@michigan.gov

For technical assistance with conducting evaluations and collecting data, contact the 0-3 Evaluation Consultant:
Michael Gillespie, Gillespie Research, LLC
248.912.0278
michael@gillespieresearch.org

The Children's Trust Fund, Michigan Department of Human Services, Department of Education & the Department of Community Health

Announce a Request for Proposal (RFP)

for the

Zero to Three Secondary Prevention Initiative

Due on or Before: October 13, 2006, 3:00 PM

The original application and four copies (five total), must be received in the Children's Trust Fund office by 3:00 p.m. on October 13, 2006 to be considered for funding. Original signatures are required. Please send all applications to: Children's Trust Fund, 235 S. Grand Ave., Suite 1411, Lansing, MI 48933, ATT: Jeff Sadler

REQUEST FOR PROPOSAL
Children's Trust Fund

Contract/RFQ Number: **CTFPR-07-99001**

Bid Submission Due Date & Time: **October 13, 2006 3:00 pm**

Geographic Area to be Served: **Statewide**

Service Titles: **Zero to Three Secondary Prevention Services**

Anticipated Contract Begin and End Dates: **January 1, 2007 to September 30, 2008.**

Method of Payment: **X** Actual Cost Unit Rate

Maximum Annual Contact Amount: $ **200,000** **per year**

Issuing Office: Children's Trust Fund **Grand Tower Building**
235 S. Grand Ave., Lansing MI., 48933

Contact Person: **Jeff Sadler**

Telephone #: **517.335.4620** Fax #: **517.241.7038**

Email Address: **sadlerm@michigan.gov**

Pre-proposal Conference:
(Date, time, location) **September 29, 2006, Grand Tower Building, Room 1-A, Lansing, MI. 1:00pm-3:00pm**

(Please notify the contact person above by e-mail if you plan on attending)

Bidder Questions Due Date & Time: **October 2, 2006 3:00pm deadline**

0-3 SECONDARY PREVENTION FUNDINGFOR EXPECTANT MOTHERS AND FAMILIES WITH CHILDREN AGE BIRTH THROUGH THREE

The Department of Human Services (DHS), Department of Community Health (DCH), and Department of Education (MDE) announce the availability of funds that have been appropriated for community based collaborative 0-3 secondary prevention services. The Children's Trust Fund (CTF) is designated as the agency responsible for the application and administration process. **This Request for Proposal is intended to expand 0-3 Secondary Prevention services to communities throughout Michigan. Funding priority will be given to current and applicant grantees that will expand 0-3 Secondary Prevention services to counties in need (see map of counties currently funded in the attachments).**

The RFP provides a response for programming for a two (2) year period ending September 30, 2008.[1] In FY-07, prorated funds to new programs will be used from **January 1, 2007 through September 30, 2007**. Current and applicant grantees may apply for up to $200,000 in funding. An increase in funding to current grantees **must** be used to **expand** services to at risk families in counties currently not funded (see expanded program definition, page 5). An annual grant renewal application must be completed and approved for continuation of funding. Continuation of funding is also contingent upon appropriation by the legislature and the continuing need for services.

Funding is intended to support 0-3 Secondary Prevention program services designed to promote strong nurturing families and prevent child abuse and neglect by:

- Fostering positive parenting skills especially for parents of children ages 0-3
- Improving parent/child interaction
- Promoting access to needed community services
- Increasing local capacity to serve families at risk
- Improving school readiness
- Supporting healthy family environments that discourage alcohol, tobacco and other drug use
- Promoting marriage through healthy couple relationships

GENERAL INFORMATION

- Funding is available to public or private, profit or non-profit organizations/agencies.
- A single fiscal agent must be identified; however multiple providers (subcontractors) may be involved.
- The defined target population and service must be tied to a needs assessment and comprehensive community prevention plan in the county(ies) served.
- Funding must be used for new 0-3 Secondary Prevention projects that meet the secondary prevention definition.

[1] Current 0-3 grantees grant agreements will be amended to extend the current three (3) year grant cycle one (1) year also ending September 30, 2008.

- There must be a documented local match of 25% of the requested funds with no more than 10% in-kind goods or services. A larger match is allowed as long as the minimum requirement of cash match is met.
- The Community Collaborative (CC) endorsement is required for the county(ies) that the service will cover. An endorsement from the community Great Start Collaborative (GSC) is acceptable for grant consideration, however, if the proposal is recommended for funding the CC endorsement is mandatory. The Endorsement and Disclosure Form is included as an attachment and must be used.
- Only one application from counties with a population less than 500,000 may be endorsed for submission.
- More than one application may be endorsed from counties with a population over 500,000.

Prevention of child abuse and neglect involves influencing persons in a positive way before any abuse or neglect occurs. Prevention projects are defined in the CTF enabling legislation as "a system of direct provision of child abuse and neglect prevention services to a child, parent, or guardian" (PA 250, 1982, Sec. 2 (f)). Such projects are incorporated into the community's service structure, are ongoing, and reach a substantial portion of the target population.

DEFINITIONS

Authorized Signatory: Individual authorized by the applicant to sign all documentation submitted including the grant application, grant agreement, quarterly reports, etc.

Documented Agreement: A written statement between two or more parties that clearly delineates the expectations and relationships toward the implementation of the services (e.g. proposed application requires that the hospital will refer families, therefore a documented agreement must be included in the application indicating the hospital's commitment to refer the families).

Endorsement: The CC reviews all applications being submitted to the funding source, asks questions regarding the applications, provides feedback regarding the application's contents to the applicant organizations, and chooses one application to recommend for funding. (PIT Information Advisory #64, April 1999).

Enhanced Program: Adding new services or supports to an existing program (e.g., in-home visiting program would like to add a parent support group(s) to the population currently served).

Existing Projects: Programs that have a current contract with the Children's Trust Fund that utilizes 0-3 secondary prevention dollars. (See Attachment)

Service Coordination: Increasing access to family support services through the coordination of efforts. This may include, but is not limited to, information and referral, linkages to programs and services within the community, transportation support, etc.

Expanded Program: Increasing the number of people served by the program by providing an existing program or service in a **new geographic area.**

Secondary Prevention: Interventions provided for the early identification of individuals with risk factors for a specific problem or disorder. While substantiated child abuse or neglect has not taken place, the probability of abuse is greater than in the general population. **The major components of secondary prevention are:**

- ✓ It is offered to a pre-defined group of families or individuals.
- ✓ It is voluntary and participants do not have an open Children's Protective Service case (Category I or II Disposition).
- ✓ It may be more problem-focused than primary prevention.[2]

FUNDING CONSIDERATIONS

Key considerations in the award of funding are as follows:

- The extent to which the application demonstrates local coordination and collaboration.
- The extent to which the proposed 0-3 secondary prevention services are integrated into a broader community plan of family support and prevention.
- The extent to which the application has identified a clear plan for evaluating the proposed services.
- The extent to which there is a clear process for identifying, referring, and serving families who have the risks or challenges that make them eligible for secondary prevention services.
- The extent to which the application has documented agreements, including specific tasks, with all agencies that are integral to the success of the plan.
- The extent to which the application for the proposed services is based upon a proven model or sound research on the prevention of child abuse and neglect.
- Geographic distribution may also be a factor in the decision making process.

Priorities for Funding:

Community profile measures will be a factor in the decision making process. This aspect of the review will consider whether services are targeted in communities with higher than average:

- ➢ Infant mortality rates
- ➢ Poverty rates
- ➢ Adult substance abuse rates
- ➢ Out-of-wedlock pregnancy rates
- ➢ Child abuse and neglect rates
- ➢ Teen pregnancy rates

[2] Also refer to risk factors

POPULATION TO BE SERVED

The target population is **expectant parents and families with children ages 0-3 who are at risk,** who meet the secondary prevention definition and are not on the open Children's Protective Services caseload of the Department of Human Services. Risk factors are listed below. A child or family may have one or more of these risk factors.

RISK FACTORS

1. Infant with Low Birth Weight
2. Infant/Child who is Drug-Exposed
3. Infant/Child Diagnosed with Failure to Thrive
4. Child with Developmental Delay
5. Child with Nutritional Deficiency
6. Child with Long-Term or Chronic Illness
7. Child with Diagnosed Handicapping Condition
8. Child Unwanted or at Risk for Poor Bonding
9. Parent with Negative or Ambivalent Attitude Regarding Pregnancy or Parenting
10. Parent Who Perceives Child as Difficult
11. Parent Who Perceives Harsh Punishment of Child as Appropriate
12. Parent with Rigid and Unrealistic Expectations of Child's Behavior
13. Parent with Diagnosed Physical Condition that Interferes with Parenting Ability
14. Parent with Serious Mental Disturbance
15. Parent with Low Self Esteem and/or Depression
16. Parent with Learning Disability
17. Parent who is Emotionally Immature
18. Parent with Destructive or Violent Temperament
19. Parent with Substance Abuse or Addiction
20. Parent with Language Deficiency or Immaturity
21. Non-English or Limited English Speaking Household
22. Family History of Low School Achievement or Dropout
23. Family History of Child Abuse
24. Family History of Delinquency
25. Family History of Diagnosed Family Problems
26. Low Parental/Sibling Educational Attainment or Illiteracy
27. Family with Multiple Crises or Stresses
28. Family with Marital/Partner Conflict
29. Family with Extended Family Conflict
30. Family with Housing Problems
31. Family in an Unsafe Living Environment
32. Family who is Homeless
33. Family who is Isolated with Inadequate Support System
34. Single Parent
35. Unemployed Parent(s)
36. Low Family Income
37. Teen Parent
38. Family with Large Number of Children or Closely Spaced Young Children
39. Family with Incarcerated Parent

FUNDING REQIREMENTS

Funding must be used for new projects that address the prevention of child abuse and neglect (refer to the definition of secondary prevention).

Funds can not be expended for services to families who have an open Children's Protective Service case (Category I or II Disposition).

Awards may not be used to supplant existing funds to support an ongoing project.

Matching Funds: Match must be at least 25% of the requested funds (15% minimum cash match & 10% in- kind minimum). In-kind match is typically the fair market value (FMV) of goods or services utilized by your program. The cash match must be used for continued services included in the application and **may not be** supported by any source of federal funding (e.g., Strong Families – Safe Children, *Early On*®, Head Start, Even Start, etc.), nor identified from sources that are generated through the same appropriations (e.g., T.A.N.F., Teen Health Centers, MSRP, etc.) Legislation requires that matching funds must be local source contributions. Local resources (financial and otherwise) must be contributed to ensure not only that the project is supported, but also to illustrate stakeholders meaningful commitment to the prevention project. A larger match is allowed as long as the minimum requirement of cash match is met.

FUNDING AMOUNTS & BUDGET REQUIREMENTS[3]

- The application must reflect a budget to cover activities, including start-up costs (if applicable), from October 1, 2006 through September 30, 2007. **However, in FY-07, the prorated grant award will be disbursed over three (3) quarters (2nd, 3rd & 4th).** In FY-08, the grant will be fully funded and will be disbursed over four (4) quarters. **Applicants may submit proposals for any amount up to $200,000**. Continuation of funding for FY-08 (through September 30, 2008) is contingent on appropriations by the legislature, compliance with the terms of the grant agreement, and continuing need for services. Submission of an annual renewal application is also required.
- Budget negotiation may occur for awarded applicants during the creation of the grant agreement.
- Grantee agrees to comply with all applicable requirements of all State statutes, Federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the CTF may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or matter has been adjudicated and the amount disallowed has been recaptured (forfeited).

[3] A percentage of the grant may be federally funded and may be subject to the Circular A-133 audit requirements.

The CTF may withhold up to 100% of any payment based on a monitoring finding, audit finding or pending final report.

ADMINISTRATIVE/EVALUATION COSTS

- No more than 15% of the requested funds may be used for administrative costs. Administrative costs include, but are not limited to: procurement; payroll processing; personnel functions; management, maintenance and operation of space and property; data processing and computer services; accounting; budgeting; auditing; costs for administrative meetings; or any administrative costs not related to direct service delivery.
- Up to $10,000 of the requested funds may be budgeted for evaluation of the proposed project. Evaluation costs are not considered administrative.
- Training directly related to the provision of services or the supervision of direct-service staff is not considered an administrative cost.
- A portion of the requested funds may be budgeted for an audit, if required.

REPORTING REQUIREMENTS

The grantee will be required to submit quarterly progress reports that summarize and document all project activities and expenditures for the period covered.

- Quarterly reports are due January 20th, April 20th, July 20th, and October 20th. Each report summarizes the activities and expenditures for the previous three months.
- A summary report is also required on October 20th of each fiscal year that outlines the activities, challenges, and outcomes for the previous fiscal year. This report may be incorporated into the final quarterly report.
- An annual "Site Visit" may be conducted to review various aspects of the 0-3 Secondary Prevention program.

GRANT AGREEMENT REQUIREMENTS

Each grantee will be required to fulfill the following if awarded funding:

- Implementing the funded project in accordance with the grant award and agreement
- Demonstrating an impact on the population served
- Collecting and processing program utilization data
- Maintaining accepted accounting practices and records
- Participating in evaluation efforts as required
- Participating in on-site visits
- Providing technical assistance to other communities in implementing a similar project
- Maintaining a relationship with the local CC.
- Submitting required reports and documentation as outlined in the grant agreement
- Participating in all surveys conducted
- Participating in all trainings and conferences provided

EVALUATION & OUTCOMES

All grantees are required to evaluate their project. Applications must include an evaluation plan that identifies:

- clear program goals and objectives
- a valid means of assessing client satisfaction
- measurable, time-oriented outcomes which are integral to the comprehensive community prevention plan
- identifiable performance objectives for each outcome, including how they will be measured
    - For example, for an outcome related to parenting attitudes, an applicant may seek to increase from 50% to 75% the number of parents indicating nurturing attitudes toward their children measured by the Adult-Adolescent Parenting Inventory (AAPI).
- A plan to implement a locally executed program evaluation annually in addition to required evaluation data for the State of Michigan

Grantees must also agree to participate in statewide evaluation efforts. This includes quarterly data reporting, utilization of a standard evaluation tool, compilation of a comprehensive list of children served, and other data and evaluation points required by the funding agencies. Each applicant may budget up to $10,000 of the requested funds for evaluation of the proposed project.

Other evaluation summaries and data requirements will be outlined in the grant agreement. Evaluation/outcomes include, but are not limited to, the conducting of studies and analysis to determine the impact and value of a project or program in reducing child abuse and neglect in the community(ies) in which the program exists, as well as the State of Michigan, and quantitative and qualitative aspects of service

OTHER CONSIDERATIONS

Projects must include a strong evaluation component that includes, but is not limited to, clear project goals and objectives; measurable, time-framed outcomes; and a means of assessing client satisfaction.

All applications must obtain the endorsement of the Community Collaborative (CC) for the county(ies) that the project/service will cover. (The CC Endorsement and Disclosure Form is included in the attachments). Proposals may include a letter of endorsement from the counties Great Start Collaborative. Any application that does not include local CC will be **disqualified**.

Intensive home visitor programs may be required to participate in the Program Information Management System (PIMS) data collection project. Information on PIMS is available from the Children's Trust Fund.

All Programs must participate in the Adult Adolescent Parenting Inventory (AAPI-2) assessment.

All Programs must ensure parent/consumer involvement at multiple levels (policy, administrative, programmatic, quality improvement, evaluation, etc.,).

RESPONSIBILITIES OF THE COMMUNITY COLLABORATIVE (CC)

Develop or update a comprehensive community prevention plan. The plan is developed to effectively respond to the application for funding. As part of the development of a comprehensive community prevention plan, it is expected that there will be a review of program service delivery models for this target population that meet the identified needs of the community and have been proven to impact the risk factors of children and their families.

Assist in selecting outcomes the proposal will address. Outcomes should be delineated in the comprehensive community prevention plan. Review all applications and endorse the grant application(s) for your county(ies).

Identify local partners who support the comprehensive approach through their resources.

Assist in the identification of local match funds (local match is 25% of requested funds, with no more than 10% in-kind funding).

APPLICATION GUIDELINES

Please submit an original and four (4) copies (5 total) of the application.

Application Format and Submission Requirements (<u>for original and copies</u>)

<u>Format:</u>
- single-spaced
- readable font style in a size no smaller than 12 pt.
- stapled (or clipped) in top, left corner only (no binders, spirals, etc.)

<u>Submission (original and each copy MUST BE submitted in the following order):</u>

1. Application Face Sheet – **original signature by authorized signatory**
2. CC Endorsement and Disclosure Form - **signed by the Chair of the CC.**
3. Narrative - 10 page limit
4. Implementation Plan – with timelines
5. FY-07 Preliminary Plan for use in conjunction with the 0-3 Program Indicators
6. Budget Plan Summary Worksheet – **original signature by the authorized signatory**
7. Budget Detail and Budget Detail Narrative
8. Documented Agreements
9. Comprehensive Community Prevention Plan
10. Miscellaneous Attachments

- **Applications must contain the above components in the order listed to be considered for funding.**
- **Applications not meeting the above requirements will be DISQUALIFIED.**
- **An Application Checklist is attached.**

APPLICATION INSTRUCTIONS

1. APPLICATION FACE SHEET

Applicants should refer to the specific form and instructions (attached)

2. CC ENDORSEMENT AND DISCLOSURE

Applicants should refer to the specific form and instructions (attached)

3. NARRATIVE (10 page limit)

A. PROJECT SUMMARY (one page limit)

Provide a clear and concise summary using the following categories. Do not refer to additional pages. Applicant may wish to develop this summary after completing the Project Description narrative.

- statement of need (including description of target population)
- description of the project (identifying the model/research on which it is based)
- brief statement summarizing applicant's collaboration, commitment, and capacity

B. PROJECT DESCRIPTION

1. Statement of Need

- Describe the need, relevant to the proposed project, and as identified in the CC comprehensive community prevention plan
- Describe the area(s) below, relevant to the proposed project, that have higher than the state average rates (use and cite current information/statistics):
  - Infant mortality rates
  - Poverty rates
  - Adult substance abuse rates
  - Out-of-wedlock pregnancy rates
  - Child abuse and neglect rates
  - Teen pregnancy rates

2. Target Population

- Describe the target population to be served
- Describe the plan for identifying, referring, and serving families
- Describe/give evidence on how the target population will be accessed

3. Description of Services to be Provided

- Describe the project's objectives (the measurable results the project plans to obtain)
- Describe the activities of the project and how they relate to the project's objectives
- Describe the model or research on which the project is based
- Demonstrate how the project will ***prevent child abuse and neglect*** in the target population

- Demonstrate how proposed services are designed to do the following:

- Fostering positive parenting skills especially for parents of children ages birth to three
- Improving parent/child interaction
- Promoting access to needed community services
- Increasing local capacity to serve families at risk
- Improving school readiness
- Supporting healthy family environments that discourage alcohol, tobacco and other drug use
- Promoting marriage through healthy couple relationships

4. Applicant's Collaboration, Commitment, and Capacity

- Collaboration
  - Describe how the services will be integrated into the comprehensive community prevention plan
  - Document broad input into the development of the application (may refer to letters of support as documentation)
  - Describe how the services will integrate with existing prevention services in the community focusing on the target population
  - Identify the collaborative partners and briefly describe their activities integral to the project (as outlined in the documented agreements).
  - Describe how parents/consumers will be involved in the ongoing planning, implementation, and evaluation of the services
  - Describe the collaboration which will take place during the implementation of the services

- Commitment & Capacity

  - Describe the applicant's capacity to do the work as outlined in the objectives and activities
  - Describe the staffing of the project and their respective duties (paid and volunteer staff)
  - Describe how staff are or will be qualified to facilitate the project (include education, training, etc.,).

- Parent Involvement

  - Describe a plan that will be implemented in your local program, integrating parent/family members into the decision-making processes of your organization. Please include those strategies that are currently successful and those that will enhance the engagement of parents/family members.

C. EVALUATION

Specifically describe the evaluation process including identified, measurable performance objectives for each time-oriented outcome, how they will be measured, and how they integrate with the Zero to Three Secondary Prevention Indicators. (If an outside agency/person will be conducting the evaluation, they are encouraged to complete this section).

Describe the means through which client satisfaction is assessed. Please include a detailed outline of how you plan to measure clients satisfaction if funding is awarded.

Describe how the AAPI-2 will be administered and utilized by your program.

Describe the programs local evaluation plan and report. All grantees are required to evaluate their program. This annual evaluation has a scope larger than the data required by the granting agencies. This evaluation should report on the impact of the program within the community and its impact on the prevention of child abuse and neglect.

Describe a method for consistent and accurate data collection for Zero to Three Secondary Prevention reporting requirements.

5. IMPLEMENTATION PLAN

Design an implementation plan that includes the following categories:

- goals
- objectives
- activities/tasks
- timeline
- responsible staff
- expected outcome
- measurement

6. BUDGET PLAN FORMS

The application must reflect a budget to cover activities, including start-up costs (if applicable), from October 1, 2006 through September 30, 2007.

Applicants who receive an award must submit annual budgets through September 30, 2008. Applicants should refer to the specific instructions in the RFP.

Complete the following Budget Statement (CM-468) and Budget Detail Worksheets (CM-468A) found at: **http://www.michigan.gov/documents/CM-468ex_15681_7.xlt** in accordance with the instructions. The applicant should complete the Budget forms only for the first twelve (12) months even if the bid response is for a multi-year period. In addition, the applicant **MUST** complete the FY-07 Budget Plan Summary Worksheet detailing cash, in-kind and other sources of cash match found at: **http://www.michigan.gov/documents/dhs/0-3_Budget_Summary_Worksheet_172209_7.xls** *(note: these worksheets can be downloaded directly by visiting the DHS website; go to www.michigan.gov/dhs > Doing Business with DHS > Contractor Resources > Forms & Publications)*

Provide a detailed narrative description of the budget that reflects the proposed services. Be sure to describe the sources, status and amounts of local cash and in-kind match.

Describe how the proposed budget is appropriate for operation and how it is cost-effective.

7. DOCUMENTED AGREEMENTS

Attach signed agreements that include specific tasks, with all agencies that are integral to the success of the project (An example of a Documented Agreement is provided in attachments).

8. COMPREHENSIVE COMMUNITY PREVENTION PLAN

Attach the comprehensive community prevention plan, developed and approved by the CC, that supports the proposed project.

Highlight the section(s) of the comprehensive community prevention plan that the project supports.

9. MISCELLANEOUS ATTACHMENTS

The following are examples of documentation that may be included as miscellaneous attachments:

Support letters from participating and/or funding organizations other than the applicant agency.

Job descriptions, qualifications, and resumes of identified project staff (no more than one page each)

Copy of 501(c)(3) or Articles of Incorporation

Zero to Three Secondary Prevention
Fiscal Year 2007
Application Rating Criteria

Identifying Information

1. Program Name:
2. County Served:

Proposals that will be highly recommended for funding will include the following factors:

Target Population

3. Describe the target population served.
4. Number of families projected to be served in fiscal year 2007.
5. For the families to be served with the 0-3 Secondary Prevention funds, what are the five most prevalent risk factors used to identify fit to the proposed program:

    a)
    b)
    c)
    d)
    e)

Identifies the five most prevalent risk factors. Identifies an acceptable number of families and children to be served in the project. (Maximum Score 15)

Description of Services

6. Describe the activities to be funded by the 0-3 Secondary Prevention grant and the frequency with which they will be provided.
7. List all referral organizations/agencies that will provide referrals to the program.
8. List the tool(s) used to measure risk for entry into 0-3 Secondary Prevention services *(please attach samples)*:
9. Describe the process for contacting families once a referral is received:

A clear description of activities and their frequency for the model of 0-3 Secondary Prevention to be provided. The frequency aligns with the model's evaluated effectiveness and intensity needed to impact the targeted population. The project disseminates information for parents about child development and appropriate expectations for each stage, encourages positive parenting skills, seeks to enhance parent-child interaction, and provides learning opportunities to promote growth in both the parent and the child.
(Maximum Score 15 points)

The names of three organizations that provide referrals to the program and lists the percentage of referrals received from each organization. The applicant also provides a clear description of the process for contacting families.
(Maximum Score 5 points)

The name of the tool(s) for assessing risk is included and is appropriate for the program. (Maximum Score 5 points)

Implementation and Evaluation

10. Include Implementation Plan for FY 2007. Include targeted Outcomes, Objectives, and Indicators which will measure the success of the program. At a minimum include outcomes which will include 0-3 Secondary Prevention Indicators, AAPI-2, healthy marriage and safe environment promotion, and Parent Involvement .

Includes implementation plan with all outcomes, objectives, indicators and includes additional outcomes which would show success in the program; outcomes are time oriented and are assigned to specific staff. (Maximum Score 15 points)

11. Include a detailed description of evaluation activities that addresses:
    - A plan to measure client satisfaction
    - Describes methods for implementing the AAPI-2
    - Describes methods for reliable data collection procedures for grant-required reporting
    - Describes a local evaluation plan that measures programs impacts locally and above required state-level evaluation activities

Provides a clear plan to measure client satisfaction and provides a copy of a survey or detailed outline, includes a concise description of implementing the AAPI-2, and describes methods for reliable data collection and reporting.
(Maximum Score 5 points)

Clearly describes a local evaluation plan and includes a strong connection to locally determined needs/impacts as well a methods for reporting.
(Maximum Score 5 points)

Collaboration:

12. List collaborative partners (agencies/organizations/schools) and describe their role. Will you meet face to face with collaborative partners regarding the 0-3 Secondary Prevention services? Yes ___ No ___ How often ___

Lists the collaborative partners involved with the 0-3 Secondary Prevention program and includes a clear description of their role. The listing of partners includes community health agencies, schools, the Department of Human Services and other community organizations that work with the target population. (Maximum Score 5 points)

Meets face to face with the collaborative partners regularly (at least monthly) to inform them about the program, discuss program implementation and problem solve around issues. (Maximum Score 5 points)

Budget for FY 2007

Complete the budget plan form and budget detail for FY 2006 based on the amount requested. Match must be at least 25% of the requested funds (15% minimum cash match & 10% in-kind minimum). In-kind match is typically the fair market value (FMV) of goods or services utilized by your program. The cash match must be used for continued services included in the application and **may not** be supported by any source of federal funding (e.g., Strong Families – Safe Children, Early On, Head Start, Even Start, etc.,) nor identified from sources that are generated through the same appropriations (e.g., T.A.N.F., Teen Health Centers, MSRP, etc.,). Legislation requires that matching funds must be local source contributions. (A larger match is allowed as long as the minimum requirement of cash match is met.) Be sure to include a breakdown of the following information in the budget detail: (1) The staff positions funded by or contributed to the 0-3 grant and percent of FTE. (2) The amount, source, and status of cash and in-kind match.

Consists of a budget plan and budget narrative that clearly outline the sources and status of match as well as the standards for salary and cost of living information for the area. (Maximum Score 5 points)

Includes a budget detail that correctly calculates and clearly delineates the source and amount of funding available for the local match, both cash and in-kind, in each line item. It is clear that the match dollar will be used to support this project only. The proposal lists the staff positions and includes the percentage of FTE for each. The staffing is appropriate for program services. (**Maximum Score 5 points**)

Priorities for Funding:

Community profile measures will be a factor in the decision making process. This aspect of the review will consider whether services are targeted in communities with higher than average infant mortality rates, out-of-wedlock pregnancy rates, poverty rate, child abuse and neglect rates, adult substance abuse rates, teen pregnancy rates and if the application will provide 0-3 services in a county **currently not funded**.

Identifies the aforesaid community demographic risk factors AND proposes to implement 0-3 Secondary Prevention services in a county currently not served. (Maximum Score 15 points)

Maximum Score Possible = 100

ATTACHMENTS

Application, Endorsement & Agreement Forms must be completed to be considered for funding

Face Sheet Instructions

Face Sheet

CC Endorsement and Disclosure Form

Budget Plan Form Instructions

Budget Plan Form Sample

Documented Agreement Example

Application Check List

Fiscal Year 2007 Preliminary Plan (for use in conjunction with the 0-3 Secondary Prevention Program Indicators found at:
(http://www.michigan.gov/documents/dhs/0-3_FY-07_Preliminary_Plan_172190_7.doc)
(note: this document can be downloaded directly by visiting the DHS website; go to www.michigan.gov/dhs > Doing Business with DHS > Contractor Resources > Forms & Publications)

Map of Counties Currently Funded

Early On® Contact List

CTF Local Council Contact List

CC Contact List

FY-06 Zero to Three Secondary Prevention Grantees

Zero to Three Secondary Prevention Program Indicators

Instructions for the Application Face Sheet

Complete the application face sheet in readable type. (Form is attached):

1. Fiscal Agent Information: Complete this section for the applicant's fiscal agent:

    a. Give the entire fiscal agent's name. Do not abbreviate or use acronyms.
    b. Give the fiscal agent's address.
    c. Give the city, state and zip code in which the fiscal agent is located.
    d. Give the county in which the service(s) will be provided.
    e. Give the name and telephone number of the person who will act as the authorized signatory for the grant application.
    f. Give the fiscal agent's federal I.D. number.
    g. Give the state and federal legislative representative's name and district number in which the fiscal agent is located.

2. Service/Project Information: Complete this section based on the service/project for which 0-3 Secondary Prevention money is being requested.

    a. Give the entire service/project name. Do not abbreviate or use acronyms.
    b. Give the name and telephone number of the project director or contact person. *(Questions about the application will be directed to this individual.)*
    c. Give the amount of 0-3 Secondary Prevention monies being requested.
    d. Give the total cost of the service/project including requested funding, cash match, and in-kind match.
    e. State the target population to be served by the service/project.
    f. Check if the project previously received a 0-3 Secondary Prevention Grant (see listing of grantees in the attachments)

CTF OFFICE USE ONLY: APP # _____ TEAM #_____

APPLICATION FACE SHEET FOR FY-07 0-3 SECONDARY PREVENTION GRANTS
(Before completing this form, carefully read the instructions)

1. Fiscal Agent Information

   a. _____
   Fiscal Agent

   b. _____
   Address

   c. _____
   City, State, Zip Code

   d. _____
   County(ies) where services will be provided

   e. _____
   Authorized Signatory (Print and Sign name)
   Telephone: _____ e-mail: _____ fax: _____

   f. _____
   Federal I.D. Number

   g. State Senator _____ Dist. No. _____

   State Representative _____ Dist. No. _____

   Federal Representative _____ Dist. No. _____

2. Service/Project Information

   a. _____
   Name of Service/Project

   b. _____
   Project Director's Name (Signature) Telephone: _____
   e-mail: _____

   c. Amount of Funds Requested..... $_____

   d. Total Cost of Service/Project..... $_____

   e. Target Population:_____

Community Collaborative (CC) Endorsement and Disclosure Form

Conflict of Interest Disclosure

Our Community Collaborative has received a request to review grant applications from the following:

We have polled the membership present at this session with regard to any potential conflict of interest. I certify that

- ❑ All members present assert that they have no personal or financial interest in any of the above listed applications (nor do members of their immediate families).
- ❑ Those members acknowledging a personal or financial interest have excused themselves from the endorsement proceedings.

_____, Chair,
_____, County CC

Endorsement of Grant Application

In accord with PIT Information Advisory No. 64 (April 1999), our CC has reviewed all applications submitted, asked questions regarding the applications, provided feedback regarding the contents of the application to the applicants, and has chosen the following application(s)* to recommend for funding:

_____, Chair _____ , County CC

- Only one application from counties with a population less than 500,000 may be endorsed for submission.
- More than one application may be endorsed from counties with a population over 500,000.

INSTRUCTIONS FOR BUDGET PLAN FORMS

Complete the budget form using the following instructions:

I. Name of Fiscal Agent - Give the entire fiscal agent's name. Do not abbreviate or use acronyms

II. Name of Service/Project - Give the entire service/project name. Do not abbreviate or use acronyms.

III. Total Cost. The Total Cost is the cost (requested 0-3 Secondary Prevention funds, cash, and in-kind) for the prevention service/project during the budget period. Where the prevention service/project is a part of a larger organization, do not include other parts of the organization's budget. For example, a project may be expanding the geographical region that the service will cover. **The Total Cost is only that portion which is attributed to the new or expanded portion of the project, not the entire cost of the project.**

IV. Source of Funding. There must be a documented local match of 25% of the requested funds with no more than 10% in-kind goods or services. **A larger match is allowed as long as the minimum requirement of cash match is met.**

- The match must be used for the provision of services included in the application.
- Cash match is defined as a new expenditure of cash that has been specifically designated for the proposed service and **may not be federal funds**.
- In-kind contributions may include but are not limited to the value of contributed space and equipment, volunteer services, administrative overhead services, etc.

On Line A: List the amount of dollars requested from the 0-3 secondary prevention funds.

On Line B: List the amount of dollars to be provided by the **local** cash match. (Federal funds or from sources that are generated through the same appropriations may not be used as local cash match)

On Line C: List the fair market value (FMV) of the in-kind match. This match may include the estimated value of contributed space, equipment, volunteer services, etc.

On Line D: List Other Sources of Cash Funding (e.g., federal) supporting the 0-3 program reflected in the total cost of the 0-3 program.

On Line E: Write the sum of lines A, B, C and D. This is the Total Cost.

V. Budget: Complete As Follows

Line items (list amounts covered by the grant in the appropriate column)

A. Salaries/Personnel includes salaries and wages
B. Fringe benefits for paid staff
C. Administrative costs not related to direct service delivery (no more than 15% of the requested funds)
D. Contractual Services related to direct service delivery
E. Supplies include telephone, printing, office supplies, training manuals, films, or videotapes, etc.
F. Travel includes travel for staff or transportation for participants or volunteers
G. Equipment for items over $100
H. Rent and Utilities for space required for staff or services

I. Training directly relevant to services and/or ongoing staff development.
J. Evaluation and analysis to determine the impact and value of the project
K. Miscellaneous may include those items not covered above such as insurance, membership fees, etc.

THE BUDGET PLAN FORM MUST BE SIGNED BY THE AUTHORIZED SIGNATORY

Sample - For Reference Only

PROPOSED BUDGET FOR THE PERIOD OF OCTOBER 1, 2006 - SEPTEMBER 30, 2007

I. Name of Fiscal Agent: ABC Agency
II. Name of Service/Project: Parent Support
III. Total Cost: $62,500
IV. Sources of Funding:

A.	0-3 Secondary Prevention Funds	A.	$50,000
B.	Local Cash Match Amount	B.	$ 7,500
C.	Local In-Kind Match Amount	C.	$ 5,000
D.	Other Sources of Cash Funding	D.	$ 0
E.	TOTAL COST (Sum of A, B,C & D)	E.	$62,500

Match must be at least 25% of the requested funds (minimum 15% cash match)

Line Item	0-3 Secondary Prevention Grant	Local Cash Match	Local In-Kind Match	Other Sources of Cash Funding	Total Cost
A. Salaries (Personnel)	$20,500	$1,500	$2,000		$24,000
B. Fringes	$1,000	$600			$1,600
C. Administrative		$1,000			$1,000
D. Contractual	$17,800				$17,800
E. Supplies	$2,500	$1,000			$3,500
F. Transportation (Travel)	$1,600		$1,000		$2,600
G. Equipment (Each Item over $100)	$600				$600
H. Occupancy		$1,000	$2,000		$3,000
I. Training	$5,000				$5,000
J. Evaluation	$1,000	$2,000			$3,000
K. Miscellaneous		$400			$400
TOTAL	$50,000	$7,500	$5,000	$0	$62,500

Print name **Original Signature of Authorized Signatory Required** **Telephone No**

SAMPLE

This is an example of a Documented Agreement. This example is not meant to suggest collaborative partners or roles in the 0-3 grant.

DOCUMENTED AGREEMENT

The following agencies agree to participate in the 0-3 Secondary Prevention Project. The following summarizes the responsibilities of each agency:

XYZ Schools will provide screening/assessment/referral, data collection, office space for one direct care worker, and program support for home-based weekly intervention services to 50 families that reside within the county. The program director will also support the 0-3 workgroup by attending meetings and collaborating with member agencies.

The Department of Human Services will provide referrals to the Parent Support program from families who have an unsubstantiated case of child abuse or neglect or are thought to be at risk. Families that have an active case on the Protective Service caseload will not be referred. DHS also agrees to participate in the 0-3 workgroup.

The Child Abuse and Neglect Council will coordinate collaborative meetings of the 0-3 workgroup, prepare quarterly/final reports and serve as the fiduciary for the grant.

The Health Department will provide referrals to the program, provide cash match for a worker to conduct weekly parenting sessions, provide the match for indirect costs, and attend the 0-3 workgroup meetings.

The Community Collaborative will provide oversight on the project and assist with locating funding for the program. The CC coordinator will also attend the 0-3 workgroup meetings.

ABC University Evaluator, **Joe Black,** will attend all 0-3 workgroup meetings and provide the outcome evaluation for the project.

The following agencies have agreed to refer families to the Parent Support program and participate in the 0-3 workgroup: Catholic Social Services, Lutheran Social Services, MSU Extension, Randolph Community Center, Community Mental Health, and the Family Resource Center.

_____, Executive Director
Child Abuse Council

_____, Director
Department of Human Services

_____, Superintendent
XYZ Schools

_____, Health Officer
Health Department

_____, Chair
Community Collaborative

Joe Black, Evaluator
ABC University

_____, Director
Catholic Social Services

_____, Director
Lutheran Social Services

_____, Director
MSU Extension

_____, Director
Community Mental Health

APPLICATION CHECK LIST FOR GRANT APPLICANTS

☐ Is the application single-spaced?

☐ Is the application in a readable font style and at least 12 pt?

☐ Is the Application Face Sheet signed by the authorized signatory? *(must be the same person who signs the budget page)*

☐ Is the Budget Plan Form signed by the authorized signatory? *(must be the same person who signs the application face sheet)*

☐ Are the budget line items calculated correctly?

☐ Are there any miscellaneous forms that need to be attached?

☐ Is the application complete and **the original and ALL four copies in the following order?**

- ☐ Application Face Sheet
- ☐ CC Endorsement and Disclosure Form
- ☐ Narrative
- ☐ Implementation Plan
- ☐ Budget Plan Form
- ☐ Budget Summary Statement
- ☐ Budget Detail
- ☐ Documented Agreements
- ☐ Comprehensive Community Prevention Plan
- ☐ Miscellaneous Attachments (if applicable)

☐ Is the application stapled (or clipped) in the top, left corner? (Remember no binders, spirals, or folders are accepted.)

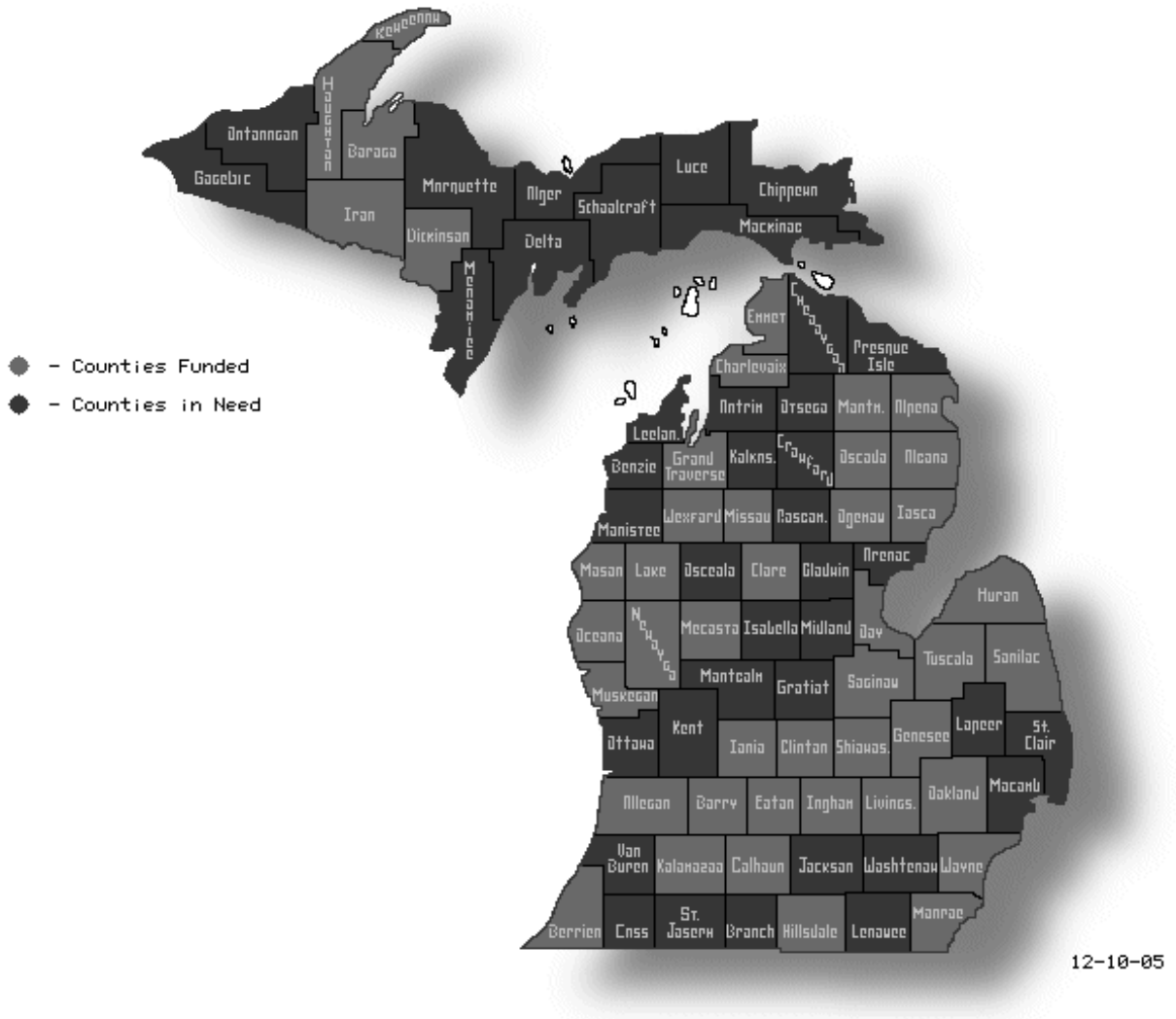
_____

Signature of Authorized Signatory Date

Applications not meeting the above requirements WILL BE DISQUALIFIED.

The Children's Trust Fund
Michigan Chapter of Prevent Child Abuse America

Michigan's Zero to Three Secondary Prevention Initiative Programs



Early On Contact List

Name		Service Name	Address	City	State	Zip	Phone	Fax	e-mail
Sally	Sterling	Allegan ISD	310 Thomas Street	Allegan	MI	49010	269-673-2161 x 3751	269-673-2361	ssterling@alleganisd.org
Laura	Gohl	Alpena-Montmorency-Alcona ESD	2118 US 23 South	Alpena	MI	49707	989-354-3101 x 127	989-356-3385	gohll@amaesd.k12.mi.us
Dawn	Coltson	Barry ISD	535 West Woodlawn	Hastings	MI	49058	269-945-9545 x 133	269-945-1780	dcoltson@barry-isd.k12.mi.us
Annette	Magiera	Bay-Arenac ISD	1435 West Center Rd.	Essexville	MI	48732	989-893-0075	989-893-6001	magieraa@baisd.net
Mark	Reigle	Berrien ISD	711 St. Joseph Ave.	Berrien Springs	MI	49103	269-471-7725 x 169	269-471-2941	mreigle@remc11.k12.mi.us
Stefanie	Rathburn	Branch ISD	398 DN Willowbrook	Coldwater	MI	49036	517-279-5813	517-278-9145	rathburs@branch-isd.org
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Lena	Montgome	Wayne RESA	33500 Van Born Road	Wayne	MI	48184	734-334-1438	734-334-1494	montgol@resa.net
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CHILDREN'S TRUST FUND LOCAL COUNCILS

ALLEGAN
Safe Harbor Children's Advocacy Center
402 Trowbridge Street
Allegan, MI 49010-1231
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ALPENA/PRESQUE ISLE
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Alpena, MI 49707-0516
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Phone: (989) 356-3474 ext 241
Attn: Page Bilyeu, Coordinator
Phone: (989) 354-3344
FAX: (989) 354-6090
E-Mail: hartr@nemcsa.org
E-Mail: bbbsofalpena@deeepnet.net
Region 2 (Kim Musselman)

ANTRIM
Antrim County CAN Council
205 Grove St.
PO Box 240
Mancelona, MI 49659-0240
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E-Mail: musselman@torchlake.com
Region 2 (Kim Musselman)

ARENAC
Arenac Co. Child Protection Council
3727 Deep River Road
Standish, MI 48658
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Phone: (989) 846-6541 ext. 12
E-Mail: afegan@cmchd.org
Region 6 (Sally Straffon)

BARAGA/HOUGHTON/KEWEENAW
Superior CAP Council
PO Box 832
900 W. Sharon Ave.
Houghton, MI 49931-0832
Attn: Dave Mayo-Kiely
Attn: Andra Ziemnick
Phone: (906) 482-9363
FAX: (906) 482-9353
E-Mail: hscbcoord@chartermi.net
E-Mail: andra@charterinternet.com
Region 1 (Taryn Mack)

BARRY
Child Abuse Prevention Council of Barry County
PO Box 304
430 Barfield Dr.
Hastings, MI 49058-0304
Attn: Karen Jousma
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FAX: (269) 948-4101
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Web: bcunitedway.org/capcbc
Region 3 (Mary Becker-Witt)

BAY
Council for CAN
715 N. Euclid Ave.
Bay City, MI 48706-2951
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Phone: (989) 671-1355
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Region 6 (Sally Straffon)

BENZIE
Benzie County CAP Council
C/O Benzie Probate Court
440 Court Place
PO Box 377
Beulah, MI 49617
Attn: Chloe McGehee
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BERRIEN
Council for Children
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Saint Joseph, MI 49085-9612
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Region 3 (Mary Becker-Witt)

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63 W. Washington St.
PO Box 17
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E-Mail: bccc@cbpu.com
Region 5 (Patricia Rosen)

CALHOUN
Calhoun C.A.N. Council
PO Box 1216
16 Van Buren St.
Battle Creek, MI 49016
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CASS
Cass County Youth Council
PO Box 364
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CHARLEVOIX/EMMET
Northwest Council for the Prevention of Child Abuse and Neglect
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Region 2 (Kim Musselman)

CHEBOYGAN
Cheboygan County Child Advocacy Council
PO Box 154
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Cheboygan, MI 49721
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Region 2 (Kim Musselman)

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Chippewa Council for Youth & Families
PO Box 86
Sault Ste. Marie, MI 49783
Attn: Charlene Fountain
Phone: (906) 635-5188

CHILDREN'S TRUST FUND LOCAL COUNCILS

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Region 2 (Kim Musselman)

CLARE
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Region 4 (Dee Obrecht)

CLINTON
Clinton County Council for the Prevention of Child Abuse and Neglect
1000 E. Sturgis, Suite 3
St. Johns, MI 48879
Attn: Ruth Rockwell
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Region 4 (Dee Obrecht)

CRAWFORD/ROSCOMMON
Child Protection Council
PO Box 2
Roscommon, MI 48653
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Region 2 (Kim Musselman)

DELTA
Delta County Early Childhood Council MDS CAA/HRA Early Childhood Program
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Escanaba, MI 49829
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FAX: (906) 786-9423
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Region 1 (Taryn Mack)

EATON
Eaton County CAN Prevention Council
325 S. Clinton, Lower Level S.E.
PO Box 301
Grand Ledge, MI 48837
Attn: Cheryl Krapf-Haddock
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(517) 881-3782 (cell)
E-Mail: Cherylhaddock@yahoo.com
Region 5 (Patricia Rosen)

GENESEE
Consortium on CAN
726 Church St.
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Beaverton, MI 48612
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Region 4 (Dee Obrecht)

GOGEBIC
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Gogebic County Child Protection Council
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Ironwood, MI 49938
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Region 1 (Taryn Mack)

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Region 2 (Kim Musselman)

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Gratiot County Child Protection Council
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Alma, MI 48801-2266
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Region 4 (Dee Obrecht)

HILLSDALE
Child Abuse Prevention & Awareness - Hillsdale
20 Care Dr.
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Region 5 (Patricia Rosen)

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Region 6: (Sally Straffon)

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Region 5 (Patricia Rosen)

IONIA
Ionia County Council for Prev. of CAN
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FAX: (616) 527-5334
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Region 4 (Dee Obrecht)

IOSCO
Iosco County Child Protection Council
P.O. Box 642
6122 F-41

CHILDREN'S TRUST FUND LOCAL COUNCILS

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IRON/DICKINSON
Iron-Dickinson Children's Advocacy Network
2 South 6th Street, Ste. 14
Crystal Falls, MI 49920
Attn: Kristina Carlson
Phone: (906) 875-0604
FAX: (906) 875-6775
E-Mail: kcarlson@msu.edu
Region 1 (Taryn Mack)

ISABELLA
Child & Family Enrichment Council
3333 South Lincoln Rd
Mt. Pleasant, MI 48858
Attn: Dee Obrecht
Phone: (989) 773-6444
FAX: (989) 772-9663
E-Mail: Cafedee@hotmail.com
Web: www.cafecouncil.org
Region 4 (Dee Obrecht)

JACKSON
Council for the Prevention of Child Abuse and Neglect of Jackson County
606 Greenwood Place
Jackson, MI 49203
Attn: Susan Sharkey
Phone: (517) 788-4239
FAX: (517) 788-4685
E-Mail: ssharkey@childandparentcenter.com
Region 5 (Patricia Rosen)

KALAMAZOO
CAN Council
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FAX: (269) 552-4855
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Web: www.kcan.org
Region 3 (Mary Becker-Witt)

KENT
Child and Family Resource Council
118 Commerce SW, Suite 220
Grand Rapids, MI 49503-4106
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FAX: (616) 454-2059
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Web: www.childresource.cc
Region 3 (Mary Becker-Witt)

LAKE
Council for Prevention of CAN
5653 S. M-37.
Baldwin, MI 49304
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Phone: (231) 745-2712
FAX: (231) 745-9008
E-Mail: Cjhurrle@yahoo.com
E-Mail: Clary_weltil@michigan.gov
Region 3 (Mary Becker-Witt)

LAPEER
Council for Children
220 W. Nepessing St. Ste. 204
Lapeer, MI 48446
Attn: Cindy McCann
Phone: (810) 245-8518
FAX: (810) 664-2016
E-Mail: momscenter@hotmail.com
Region 6 (Sally Straffon)

LENAWEE
Child Advocacy Network Council of Lenawee
1040 South Winter St, Ste. 2020
PO Box 131
Adrian, MI 49221
Attn: Patricia Ziegler
Phone: (517) 264-2744
FAX: (517) 264-5317
E-Mail: cancouncil@yahoo.com
Region 5 (Patricia Rosen)

LIVINGSTON
Child Abuse Prevention Council of Livingston County
3471 E. Grand River
Howell, MI 48843
Attn: Deanna Norris
Phone: (517) 548-2200
FAX: (517) 548-7751
E-Mail: cap@wrc-livingston.org
Web: www.wrc-livingston.org
Region 5 (Patricia Rosen)

LUCE
Luce County Child Protection Council
407 W. Harrie St.
Newberry, MI 49868
Attn: JoAnne Martin
Phone: (906) 293-6005 or
(906) 293-3465
E-Mail: lucechildcouncil@yahoo.com
Region 1 (Taryn Mack)

MACKINAC
Mackinac County Child Protection Roundtable
199 Ferry Lane
St. Ignace, MI 49781
Attn: Sheri Damron
Phone: (906) 643-6122
FAX: (906) 643-7467
E-Mail: Damrons@michigan.gov
Region 2 (Kim Musselman)

MACOMB
Care House/Macomb County Child Advocacy Center
131 Market St.
Mt. Clemens, MI 49043
Attn: Nancy R. Skula
Phone: (586) 463-0123
FAX: (586) 783-3515
E-Mail: mccarehouse@Ameritech.net
Web: www.mccarehouse.net
Region 6 (Sally Straffon)

MANISTEE
Manistee County Family Advocates
1672 U.S. 13 South
PO Box 594
Manistee, MI 49660
Attn: Joanie Balamer
Phone: (231) 631-2786
FAX: (231) 848-4628
E-Mail: mcfa@manistee.org
Region 3 (Mary Becker-Witt)

MARQUETTE/ALGER
CAN Council
300 W. Baraga
Marquette, MI 49855
Attn: Traci Phillips
Phone: (906) 228-0400
FAX: (906) 228-0446
E-Mail: tphillips@mgtcty.org

CHILDREN'S TRUST FUND LOCAL COUNCILS

Region 1 (Taryn Mack)

MASON
Mason County Council for the Prevention of Child Abuse and Neglect
c/o Staircase Youth Services
5880 W. U.S. 10
Ludington, MI 49431
Attn: Cynthia Arneson
Phone: (231) 843-3200
E-Mail: Cynla82155@yahoo.com
Region 3 (Mary Becker-Witt)

MECOSTA
Mecosta County Children's Council
PO Box 1132
800 Watertower
Big Rapids, MI 49307
Attn: Darcy Lokers
Phone: (231) 796-5987
FAX:
E-Mail: dlokers@mmcaa.org
E-Mail:
Mechildrenscouncil@yahoo.com
Region 4 (Dee Obrecht)

MENOMINEE
Menominee County Child Protection Council/HRA
507 1st Ave. N
Escanaba, MI 49829
Attn: Kim Johnson
Phone: (906) 786-7080
FAX: (906) 786-9423
E-Mail: kjohnson@mdsecp.com
E-Mail: menomineesoda@miuplink.com
Region 1 (Taryn Mack)

MIDLAND
Midland County Child Protection
5103 Eastman Ave., Suite 175
Midland, MI 48640
Attn: Karen Adams
Phone: (989) 835-9922
FAX: (989) 835-8446
E-Mail: info@mccpc.net
Web: www.mccpc.net
Region 4 (Dee Obrecht)

MONROE
Child Advocacy Network
1101 S. Raisinville Rd.
Monroe, MI 48161
Attn: Michelle Brahaney
Phone: (734) 242-5799
FAX: (734) 242-5807
E-Mail: brahaney@misd.k12.mi.us
Region 5 (Patricia Rosen)

MONTCALM
We Care For Kids Council
P.O. Box 70
Stanton, MI 48888
Attn: Mark Edwards
Phone: (989) 291-3933/(989) 819-0752
FAX: (989) 831-8496
E-Mail: Wcfkedwards@yahoo.com
Web: www.wecare4kids.com
Region 4 (Dee Obrecht)

MONTMORENCY/OSCODA
Child Protection Council
PO Box 399
Mio, MI 48647
Phone: (989) 826-1166
Attn: Tammie Wainwright
Phone: (989) 826-3208
FAX: (989) 826-1124
E-Mail:
Tammie.wainwright@avcmh.org
Region 2 (Kim Musselman)

MUSKEGON
Child Abuse Council
1781 Peck St.
Muskegon, MI 49441
Attn: Vicki Price
Phone: (231) 728-6410
FAX: (231) 722-7161
E-Mail: vprice@childabusecouncil.org
Web: www.childabusecouncil.org
Region 3 (Mary Becker-Witt)

NEWAYGO
Council for the Prevention of Child Abuse and Neglect
4424 W. 48th Street
P. O. Box 207
Fremont, MI 49412
Attn: Karen Kroll
Phone: (231) 924-7614
FAX: (231) 924-5391
E-Mail: karenk@TFAF.org
Region 3 (Mary Becker-Witt)

OAKLAND
Child Abuse & Neglect Council of Oakland County
44765 Woodward Ave.
Pontiac, MI 48341
Attn: Patricia Rosen
E-Mail: (248) 332-7173
FAX: (248) 333-1539
E-Mail: Director@carehouse.org
Web: www.carehouse.org
Region 5 (Patricia Rosen)

OCEANA
Andre' Bosse Center
302 Hanson St.
Hart, MI 49420-1385
Attn: Valerie K. Rabe
Phone: (231) 873-1707
FAX: (231) 873-1456
E-Mail: valerie@oceana.net
Region 3 (Mary Becker-Witt)

OGEMAW
Ogemaw County Child Protection
444 E. Houghton Ave.
West Branch, MI 48661
Attn: Brenda Stapleton
Phone: (989) 345-6547
FAX: (989) 345-8590
E-Mail: stapletonb@michigan.gov
Region 2 (Kim Musselman)

ONTONAGON
Child Protection Council
202 Elm St
Bergland, MI 49910
P.O. Box 313
Ewen, MI 49925
Attn: Carol Yakovich
Phone: (906) 575-3438
Fax: (906) 575-3373
E-Mail: Cyako@goisd.org
Region 1 (Taryn Mack)

OSCEOLA
Osceola Children's Council
P.O. Box 237
Reed City MI 49677-0237
Attn: Maria Baumer
Phone: (231) 796-6600 Ext. 142
E-Mail: wise3@tucker-usa.com
Region 4 (Dee Obrecht)

OTSEGO
Otsego County Child Welfare Alliance
3819 Hallock Rd.
P. O. Box 948
Gaylord, MI 49734

CHILDREN'S TRUST FUND LOCAL COUNCILS

Attn: Pamela Courtright
Phone: (231) 546-3158
E-Mail: occwa@yahoo.com
Region 2 (Kim Musselman)

OTTAWA
Ottawa County 4C/SCAN
710 Chicago Drive, Suite 250 & 260
Holland, MI 49423
Attn: Jodi Glass
Phone: (616) 396-8151 or
(800) 332-5049
FAX: (616)396-4349
E-Mail: Jglass@crn.nu
Web: www.crn.nu
Region 3 (Mary Becker-Witt)

SAGINAW
CAN Council of Saginaw County
1311 N. Michigan
Saginaw, MI 48602
Attn: Suzanne Greenberg/
Delores Gale
Ellen Hatcher – Education and Training Director
Phone: (989) 752-7226
FAX: (989) 752-2777
E-Mail: sgreenberg@cancouncil.org
E-Mail: dgale@cancouncil.org
E-Mail: ehatcher@cancouncil.org
Web: www.cancouncil.org
Region 6 (Sally Straffon)

SANILAC
Sanilac County Child Abuse Prevention Council
P.O. Box 221
Sandusky, MI 48471
Attn: Kimberly Norton
Phone: (810) 648-2472
E-Mail: Sccapc@greatlakes.net
Region 6 (Sally Straffon)

SCHOOLCRAFT
Schoolcraft County Child Abuse and Neglect Council
426 Chippewa Ave.
Manistique, MI 49854
Attn: Joan Ecclesine
Phone: (906) 341-6423 (work)
Phone: (906) 341-6637 (h)
Fax: (906) 341-5862
E-Mail: jecclesine@mdsecp.com
Region 1 (Taryn Mack)

SHIAWASSEE
Council for CAN
1216 W. Main St.
PO Box 426
Owosso, MI 48867
Attn: Robin Stechshulte
Phone: (989) 723-5877
FAX: (989) 723-8230
E-Mail: stechsch@msu.edu
Region 6 (Sally Straffon)

ST. CLAIR
St. Clair County CAN Council, Inc.
P. O. Box 61-1031
411 Fort St.
Port Huron, MI 48061-1031
Attn: Sally E. Straffon
Phone: (810) 966-9911
FAX: (810) 966-2210
E-Mail: Scccanco@advnet.net
Web: www.sccstopchildabuse.org
Region 6 (Sally Straffon)

ST. JOSEPH
Council for Prev. of CAN
17975 Centreville - Constantine Rd.
Constantine, MI 49042
Susan Olds-Browning
Phone: (269) 435-7288
Fax: 269-435-7288
E-Mail: sjoecan@highstream.net
Web: www.sjoecan.org
Region 3 (Mary Becker-Witt)

TUSCOLA
Tuscola County CAN Council
PO Box 290
1365 Cleaver Road
Caro, MI 48723
Attn: Lisa Davis
Phone: (989) 673-9173
FAX: (989) 673-9209
E-Mail: DavisL6@michigan.gov
E-Mail: tuscolacancouncil@yahoo.com
Region 6 (Sally Straffon)

VAN BUREN
Council for Prev. of Child Abuse and Neglect, Inc.
P.O. Box 23
38701 CR 665 – Packages only
Paw Paw, MI 49079
Attn: Jean Dahms
Phone: (269) 657-5194
E-Mail: vbccancouncil@a1access.net
Region 3 (Mary Becker-Witt)

WASHTENAW
Council for Children
3075 West Clark Road
Suite 110
Ypsilanti, MI 48197
Attn: Patrick McLean
Phone: (734) 434-4215
Fax: 734-434-4243
E-Mail: wacc@provide.net
Web:
http://community.mlive.com/cc/wacc
Region 5 (Patricia Rosen)

WAYNE (Out)
Child's Hope
Fairlane Center South
University of Michigan – Dearborn
19000 Hubbard Drive
Dearborn, MI 48126
Mailing address :
C/O U of M – Dearborn, School of Education
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Dearborn, MI. 48128-1491
Attn: Judy Hoeffler
Phone: (313) 583-6401
Fax: (313) 583-6402
E-Mail: chldhpe@umd.umich.edu
Region 5 (Patricia Rosen)

WAYNE (MTF)
Mayor's Task Force on CAN
c/o Detroit-Wayne 4C
2151 East Jefferson, Suite 250
Detroit, MI 48207
Attn: Carole Quarterman, Chair
Phone: (313) 259-4411
FAX: (313) 259-4415
E-Mail: F4CLTQ@aol.com
Region 5 (Patricia Rosen)

WEXFORD/MISSAUKEE
Child Protection Council
601 Chestnut St.
Cadillac, MI 49601
Attn: Joy Brastrom
Phone: (231) 775-7299 x107
FAX: (231) 775-4074
E-Mail: Jkbworld@yahoo.com
Region 2 (Kim Musselman)

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Alcona County Human Services Council	**Alcona**	Mary Kreft, Coordinator 1250 N. US-23 East Tawas, MI 48730-9440			Doug Ellinger, Sheriff Alcona County Sheriff 214 W. Main Street Harrisville, MI 48740
	PHONE (and PHONE EXTENSION)	(989) 362-2835			(989) 724-6271
	FAX				
	EMAIL	loscoSFSC@aol.com			Ellinger@alcona-county.net
Alger County Family Coordinating Council	**Alger**	Jayne Letts Strong Families/Safe Children 101 Pioneer Avenue Negaunee, MI 49866			Debra Fulcher 413 Elm St. Munising, MI 49862
	PHONE (and PHONE EXTENSION)	(906) 387-1711			(906) 387-5636
	FAX				
	EMAIL	jletts@chartermi.net			algerparksrecdept@yahoo.com
Allegan County Multi-Agency Collaborative Council	**Allegan**	Cathy Burton Snell (Contact Person) Allegan County ISD 310 Thomas Street Allegan, MI 49101	Sally Beyer SF/SC Coordinator Allegan County CMH 3285 – 122nd Avenue P. O. Drawer 130 Allegan, MI 49010		Jon Campbell 1639 Elm St. Otsego, MI 49078
	PHONE (and PHONE EXTENSION)	(269) 673-3121	(269) 673-6617 x4856		(269) 694-4632
	FAX	(269) 686-0327	(269) 686-9613		(269) 694-2404
	EMAIL	cburtonsnell@alleganisd.org	sbeyer@accmhs.org		Jcampbell@allegancounty.org
Alpena County Human Services Coordinating Council	**Alpena**	Pamela Lloyd-Gorski HSCC Coordinator 746 S. State Street Alpena, MI 49707		Doug McCombs Alpena County DHS 711 W. Chisholm Street Alpena, MI 49707	Carlene Przykucki Executive Director Northeast Michigan Community Partnership, Inc 3022 US 23 S Alpena, MI 49707
	PHONE (and PHONE EXTENSION)	(989) 354-9104		(989) 354-7227	(989) 356-2880
	FAX	(989) 354-3823		(989) 354-7242	(989) 354-6939
	EMAIL	pamlg@i2k.com		McCombsD@michigan.gov	nemcpi@deepnet.net
Antrim County Human Services Director's Council	**Antrim**	Gary Knapp Mancelona Family Res. Ctr 205 Grove Street Mancelona, MI 49659			Tammy Hickman, Chair Mancelona Family Resource Ctr. 205 Grove Street Mancelona, MI 49659
	PHONE (and PHONE EXTENSION)	(231) 587-5085			(231) 587-5085
	FAX	(231) 587-5313			(231) 587-5313

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	EMAIL	garyknappcrd@hotmail.com			
Arenac County Resource Council	**Arenac**	Arenac County Coordinator			Marc A. Lauria Cory Place Inc. 581 N. Scheurmann Bay City, MI 48706
	PHONE (and PHONE EXTENSION)				(989) 895-5563
	FAX				(989) 895-7312
	EMAIL				monkeebiz@hotmail.com
Barry Community Resource Network	**Barry**	Lyn Briel, Contact Person Thornapple Manor 2700 Nashville Hwy. Hastings, MI 49058		Jennifer Richards, Vice Chair Barry Community Foundation 629 W. State Street, Suite 201 Hastings, MI 49058	Lyn Briel, Chair Thornapple Manor 2700 Nashville Hwy. Hastings, MI 49058
	PHONE (and PHONE EXTENSION)	(269) 838-8161 (cell) (269) 945-2407, x166		(269) 945-0526	(269) 838-8161 (cell) (269) 945-2407, x166
	FAX			(269) 945-0826	
	EMAIL	lynbriel@yahoo.com		jen@barrycf.org	lynbriel@yahoo.com
Bay Area Human Services Collaborative Council	**Bay**	Kari Gulvas HSCC Coordinator Bay Arenac Behavioral Health 306 Fifth Street, 3rd Floor Bay City, MI 48708		Ellen Albrecht, Vice Chair Bay-Arenac Behavioral Health 201 Mulholland Bay City, MI 48708	Mike Dewey, Chair Bay-Arenac ISD 4228 Two Mile Rd. Bay City, MI 48706
	PHONE (and PHONE EXTENSION)	(989) 895-2246		(989) 895-2300	(989) 667-3273
	FAX	(989) 895-2770		(989) 895-2390	(989)667-3286
http://www.bahscc.org	**EMAIL**	kgulvas@babha.org		ealbrecht@babha.org	deweym@baisd.net
Benzie Human Services Collaborating Body	**Benzie**	Tad Peacock, Coordinator Benzie HSCB 6051 Frankfort Hwy Benzonia, MI 49616			Ray Kadlek, Chair Commission on Aging Board P.O. Box 8 Thompsonville, MI 49683
	PHONE (and PHONE EXTENSION)	(231) 882-2123			(231) 378-2619
	FAX	(231) 882-2204			(231)
	EMAIL	peacockf@msu.edu			rayjean@coslink.net

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Berrien County Human Services Council	**Berrien**				Art Fenrick Southwest Michigan Community Action Agency 185 East Main, Suite 20 Benton Harbor, MI 49022
	PHONE (and PHONE EXTENSION)				
	FAX				
	EMAIL				afenrick@smcaa.com
Branch County Family Services Network	**Branch**	Jennifer Rodgers FSN Coordinator for Branch Co. 200 Orleans Boulevard Coldwater MI 49036			Tim Hart Q-1 Video 62 Division P. O. Box 620 Coldwater, MI 49036
	PHONE (and PHONE EXTENSION)	(517) 278-2129			(517) 279-8752
	FAX				
http://www.familyservicesnetwork.com	**EMAIL**	jrodgers@pinesbhs.org			tim@q1video.com
The Coordinating Council of Calhoun County	**Calhoun**	Anji Phillips TCC Director & SF/SC Coordinator 9 West Suttons Ridge Battle Creek, MI 49014	Phoenix Asifa TCC Operations Manager TCC of Calhoun County 140 Michigan Avenue Battle Creek, MI 49017	Dottie-Kay Bowersox Health Officer Calhoun Co. Health Department 190 E. Michigan Ave. Ste. A100 Battle Creek, MI 49017	A.J. Jones, N. D., Chair President/CEO Family Health Center 181 W. Emmett Street Battle Creek, MI 49017
	PHONE (and PHONE EXTENSION)	(269) 420-3215	(269) 441-5904	(269) 969-6380	(269) 966-2600
	FAX	(269) 441-6015	(269) 441-6015	(269) 966-1489	(269) 965-4773
http://www.tcccalhoun.org	**EMAIL**	AKP@summitpointe.org	pea@summitpointe.org	Dbowersox@calhouncountymi.gov	ajjones@fhcbc.org
Cass County Human Services Coordinating Council	**Cass**	Ruth Andrews Prevention Coordinator Cass County Human Services Coordinating Council Woodlands BHN 960 M-60 East Cassopolis MI 49031		Robert Habicht Vice Chair Michigan Gateway Community Foundation P. O. Box 351 Buchanan, MI 49107	Lloyd Hamilton Child and Family Services Lewis Cass ISD 61682 Dailey Road Cassopolis, MI 49031
	PHONE (and PHONE EXTENSION)	(269) 445-5019		(269) 695-3521	(269) 445-6201
	FAX	(269) 445-3216		(269) 695-4250	
	EMAIL	ruthand@woodlandsbhn.org		rhabicht@mgcf.org	lhamilt@remc11.k12.mi.us

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Cheboygan County Human Services Coordinating Body	**Cheboygan**	Peter Amar, Prevention Coordinator Fox Farm Consulting Services P.O. Box 95 Johannesburg, MI 49751			Julie Sproul Cheboygan DHS 827 S. Huron Cheboygan, MI 49721
	PHONE (and PHONE EXTENSION)	(989) 731-5295			(231) 627-8511
	FAX	(989) 731-5295			(231) 627-8546
	EMAIL	peteamar@foxfarmconsulting.com			Sproulj@michigan.gov
	http://www.cheboyganhscb.org				
Chippewa County	**Chippewa**	Geraldine Stelmaszek EUP Community Dispute Resolution Center P.O. Box 505 Sault Ste. Marie, MI 49783			Becky Davis EUP ISD P.O. Box 883 Sault Ste. Marie, MI 49783
	PHONE (and PHONE EXTENSION)	(906) 632-5467			(906) 632-3373
	FAX	(906) 632-5471			(906) 632-1125
	EMAIL	stelmaszekg@michigan.gov			bdavis@eup.k12.mi.us
Community Collaborative of Clare County	**Clare**	Andrea Eiseler Strong Families/Safe Children Coordinator Central Michigan District Health Department 225 West Main P. O. Box 237 Harrison, MI 48625			Joe Phillips Clare County Juvenile Probation/ Family Court Clare County Building 225 West Main, P.O. Box 96 Harrison, MI 48625
	PHONE (and PHONE EXTENSION)	(989) 539-6731 ext. 19			(989) 539-7887
	FAX	(989) 539-4449			(989) 539-7229
	EMAIL	aeiseler@cmdhd.org			joe44phillips@hotmail.com
Clinton County Building Stronger Community Council	**Clinton**	Debby Kloosterman 13109 Schavey Road, Suite#4 DeWitt, MI 48820		Chris McDaniel Clinton Cty. Counseling 1000 E. Sturgis Suite 3 St. Johns, MI 48879	Jan Baszler Clinton/Gratiot DHS 201 W. Railroad Street St. Johns, MI 48879
	PHONE (and PHONE EXTENSION)	(517) 668-0185		(989) 224-5300	(989) 224-5502
	FAX	(517) 668-0446		(989) 224-2342	(989) 224-8717
	EMAIL	klooster@edzone.net		mcdaniec@ceicmh.org	Baszlerj@michigan.gov
Copper Country Human Services Coordinating Body	**Baraga, Houghton, Keweenaw**	Dave Mayo-Kiely Copper Country HSCB 326 Shelden Ave., Suite 2 Houghton, MI 49931			Rebecca A. Malette UPCAP 1100 Century Way Houghton, MI 49931-2712

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	PHONE (and PHONE EXTENSION)	(906) 483-4722			(906) 482-0982
	FAX	(906) 483-4972			(906) 482-1385
	EMAIL	hscbcoord@chartermi.net			maletter@chartermi.net
Crawford County Collaborative Body	**Crawford**	Cynthia Timmons, Collaborative and SF/SC Coordinator P. O. Box 834 Grayling, MI 49738		Linda Cronk, Vice Chair MSU Extension 200 Michigan Ave. Grayling, MI 49738	Cynthia Pushman, Director Otsego-Crawford DHS 800 Livingston Blvd., Suite 3A Gaylord, MI 49735
	PHONE (and PHONE EXTENSION)	(989) 344-9335			(989) 731-3108
	FAX	(989) 344-1815			
	EMAIL	cindy.timmons@hotmail.com		cronkl@msu.edu	pushmanc@michigan.gov
Delta County Family Community Collaborative	**Delta**	Deb Doyle Strong Families/Safe Children Coordinator C/O Six County Employment Alliance 2950 College Ave. Escanaba, MI 49829		Cheryl Corden Child and Family Services (Wraparound)	Russell Sexton, Director Delta/Menominee DHS 294 College Avenue Escanaba, MI 49829
	PHONE (and PHONE EXTENSION)	(906) 789-0558 x 219			(906) 786-5394
	FAX	(906) 789-9952			
	EMAIL	ddoyle@jobforce.org			SextonR2@michigan.gov
Dickinson County Collaborative Body	**Dickinson**	Bill Reid, Prevention Coordinator Northpointe Behavioral Healthcare Systems 715 Pyle Drive Kingsford, MI 49802			Bob Roberge, Director Dickinson/Iron Co DHS 1238 S Carpenter Ave Iron Mountain, MI 49801
	PHONE (and PHONE EXTENSION)	(906) 779-0637			(906) 779-4150
	FAX	(906) 779-0645			(906) 774-2775
	EMAIL	breid@nbhs.org			roberger@michigan.gov
Eaton County Human Services Collaborative Council	**Eaton**	Joni L. Risner (Contact Person) Eaton County United Way P. O. Box 14 111 W. First Charlotte, MI 48813	Ronda Rucker Strong Families/Safe Children Coordinator 1050 Independence Blvd. Charlotte, MI 48813		Robert W. Johnson 1504 Millerburg Charlotte, MI 48813
	PHONE (and PHONE EXTENSION)	(517) 543-5402	(517) 543-2536		(517) 543-2453
	FAX	(517) 543-5651	(517) 543-2125		(517) 543-0857
	EMAIL	joni@ecuw.org	Ruckerr2@michigan.gov		

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Emmet and Charlevoix Counties Human Services Coordinating Body	**Emmet, Charlevoix**	Lorraine Manary One MacDonald Drive, Ste. B Petosky, MI 49770			Terrance Newton Harbor Hall, Inc. 704 Emmet Street Petoskey, MI 49770
	PHONE (and PHONE EXTENSION)	(231) 347-6701, ext HSCB (4722) - V M-only (231) 582-9863 (Cell)			(231) 347-5511
	FAX	(231) 347-4370 or (231) 582-9414			(231) 347-5422
	EMAIL	lmanary@charter.net			tnewt@freeway.net
Genesee County Partnership for Families	**Genesee**	Katie MacDonald, Interim Coordinator Metro Housing Partnership 503 S. Saginaw St. #519 Flint, MI 48502		Remus Holbrook, Vice Chair Flint, MI	Libby Richards Mott Children's Health Center 806 Tuuri Place Flint, MI 48503
	PHONE (and PHONE EXTENSION)	(810) 767-4622, x25		(810)	(810) 767-5750
	FAX	(810) 767-4664			(810) 768-7511
	EMAIL	kmacdonald@flint.org		rholbrook@co.genesee.mi.us	Richards@mottchc.org
Gladwin County Human Services Coordinating Body	**Gladwin**	Kara Pahl 655 East Cedar Gladwin, MI 48624			John Shaffer EMS 701 East Cedar Gladwin, MI 48624
	PHONE (and PHONE EXTENSION)	(989) 426-9295			(989) 426-9305
	FAX	(989) 426-2251			(866) 426-2241
http://www.gladwinonline.com	**EMAIL**	kmolski@cmhcm.org			shafferj@mindnet.org
Gogebic and Ontonagon Human Services Coordinating Body	**Gogebic and Ontonagon**	Julie Hewitt Prevention Coordinator Gogebic County CMH 103 West US 2 Wakefield, MI 49968			David Hartberg Grand View Health System Grand View Lane Ironwood, MI 49938
	PHONE (and PHONE EXTENSION)	(906) 229-6100			(906) 932-2525
	FAX	(906) 229-6190			(906)
	EMAIL	jhewitt@gccmh.org			dhartberg@gvhs.org
Grand Traverse Community Collaborative	**Grand Traverse**	Barbara Lemcool Grand Traverse Community Collaborative 701 S. Elmwood, Ste 19 Traverse City, MI 49684			Pam Ward Child Care Connections (formerly 4C) 720 S. Elmwood, Suite 4 Traverse City, MI 49684

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	PHONE (and PHONE EXTENSION)	(231) 929-0174			(231) 941-7767
	FAX	(231) 941-0037			(231) 941-9412
	EMAIL	lemcoolb@michigan.gov			pamw@nwmi4c.org
Gratiot County Collaborative Council	**Gratiot**	Jen Arnold-Woodman, MSW Gratiot Collaborative Council Coordinator Gratiot-Isabella RESD 1131 E. Center Street, PO Box 310 Ithaca, MI 48847		Anne Lambrecht, Director Big Brothers/Big Sisters of Gratiot and Montcalm Counties 227 East Superior Street Alma, MI 48801	Donna Kriss, Adoption Recruiter Department of Human Services 210 Commerce Dr. Ithaca, MI 48847
	PHONE (and PHONE EXTENSION)	(989) 875-5101 ext 246		(989) 463-3434	(989) 875-8232
	FAX			(989(463-5399	(989) 875-2811
http://www.geocities.com/gratiotcc	**EMAIL**	jwoodman@edzone.net		anne@bbbsgm.org	Krissd2@michigan.gov
Hillsdale County Human Services Network	**Hillsdale**	Laurie Brandes, Coordinator C/o Community Health Agency 20 Care Drive Hillsdale, MI 49242			Sharon Bisher, Hillsdale County Community Foundation 2 S. Howell Street Hillsdale, MI 49242
	PHONE (and PHONE EXTENSION)	(517) 437-7395, x 106			(517) 439-5101
	FAX	(517)			(517) 439-4388
	EMAIL	brandesl@bhsj.org			sbisher@abouthccf.org
Huron County Human Services Coordinating Body	**Huron**	Kathie Harrison Huron Behavioral Health 1108 S. Van Dyke Bad Axe, MI 48413			Marv Pichla Thumb Area Consortium 3270 Wilson St. Marlette, MI 48453
	PHONE (and PHONE EXTENSION)	(989) 269-9293			
	FAX	(989) 269-7544			
	EMAIL	kathie@huroncmh.org			pichlam@thumbworks.org
The Power of We Consortium	**Ingham**	Peggy Roberts Power of We Consortium 5303 S. Cedar Lansing, MI 48909	Ron Uken Ingham County Health Department 5303 S. Cedar St., Lansing, MI 48911	Mike Brown, President Capital Area United Way 1111 Michigan Avenue--Suite 300 East Lansing, MI 48823	John Melcher, Co-Chair Associate Director, Community and Economic Development Program Michigan State University 1801 W. Main Street Lansing, MI 48915
	PHONE (and PHONE EXTENSION)	(517) 887-4691	(517) 887-4558	517 203-5000	(517) 353-9555
	FAX		(517) 346-8011		(517) 484-0068
http://www.cacvoices.org/hsac	**EMAIL**	proberts@ingham.org	ruken@ingham.org	m.brown@capitalareaunitedway.org	melcher@msu.edu

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Ionia County Child, Family, and Community Council	**Ionia**	Krista Hausermann Project Coordinator ICCFCC 2191 Harwood Road Ionia, MI 48846		Lynette Seiler, Vice Chair Ionia County Comission on Aging 115 Hudson Street Ionia, MI 48846	Mark Howe Ionia Co. Administrator Ionia County Courthouse Ionia, MI 48836
	PHONE (and PHONE EXTENSION)	(616) 522-1408		(616) 527-5365	(616) 527-5300
	FAX	(616) 522-0830		(616) 527-5955	(616) 527-5380
	EMAIL	khauserm@ionia-isd.k12.mi.us		lseiler@ioniacounty.org	mhowe@ioniacounty.org
Iosco County Human Services Coordinating Council	**Iosco**	Mary Kreft, Coordinator 1250 N. US-23 East Tawas, MI 48730-9440			Linda Stemen MSU Extension P.O. Box 599 Tawas City, MI 48764-0599
	PHONE (and PHONE EXTENSION)	(989) 362-2835			(989) 984-1059
	FAX				(989) 984-1109
	EMAIL	IoscoSFSC@aol.com			stemen@msu.edu
Iron County Collaborative Board	**Iron**	Bill Reid The same address, phone, fax, and email is used for Dickinson County.	Sandie Langdon Strong Families/Safe Children Coordinator		Jan Brady Kiwanis 165 Roman Road Iron River, MI 49935
	PHONE (and PHONE EXTENSION)				(906) 265-5768
	FAX				(906)
	EMAIL		slangdon@up.net		jlbrady@ironriver.tv
Isabella County Community Collaborative	**Isabella**	Marilyn Thornton, Contact Person Program Director CMH for Central MI 301 S. Crapo Mt. Pleasant, MI 48858			Dee Obrecht Child and Family Enrichment Council 3333 South Lincoln Road Mt. Pleasant, MI 48858
	PHONE (and PHONE EXTENSION)	(989) 772-5930 x 1283			(989) 773-6444
	FAX	(989) 775-7701			(989) 772-9663
http://www.crdl.org/iccc	**EMAIL**	mthornton@cmhcm.org			cafedee@hotmail.com
Jackson County's Human Services Coordinating Alliance	**Jackson**	Erin Skelly-Smith HSCA Coordinator Jackson Nonprofit Support Center 1100 Clinton Road, Ste 215 Jackson, MI 49202			Shelly Saines, HSCA Chair One Jackson Square, Suite 110-A Jackson, MI 49201-1406
	PHONE (and PHONE EXTENSION)	(517) 796-4750			(517) 787-1321

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	FAX	(517) 796-5981			
	EMAIL	erin@jacksonnonprofit.org			ssaines@jacksoncf.org
Kalamazoo County Multi-Purpose Collaborative Body (KCMPCB)	**Kalamazoo**	Janet M. Jones, Collaboration Coordinator Greater Kalamazoo United Way 709 South Westnedge Ave. Kalamazoo, MI 49007-5099		Sherry Thomas-Cloud, Director DHS 322 E. Stockbriege Kalamazoo, MI 49001	Janice M. Brown, Superintendent Kalamazoo Public Schools 1220 Howard Street Kalamazoo, MI 49008
	PHONE (and PHONE EXTENSION)	(269) 343-2524 x 221		(269) 337-5000	(269) 337-0100
	FAX	(269) 344-7250		(269) 337-5179	
	EMAIL	jjones@gkuw.org		Thomas-clouds@michigan.gov	brownjm@kalamazoo.k12.mi.us
Community Collaborative of Kalkaska County	**Kalkaska**	Ranae McCauley, Coordinator Community Collaborative of Kalkaska County MSU Extension 605 North Birch Street Kalkaska, MI 49646			Sr. Augusta Stratz Health and Healing Ministry PO Box 113 Kalkaska, MI 49646
	PHONE (and PHONE EXTENSION)	(231) 258-3320			(231) 258-5228 Cell (231) 620-0375
	FAX	(231) 258-4678			213.258.5228
	EMAIL	Mccaul12@msu.edu			astratz@torchlake.com
Kent County Family and Children's Coordinating Council	**Kent**	Matthew VanZetten, Office of the Administrator, Kent County Family and Children's Coordinating Council Coordinator, Kent County Administration Bldg 300 Monroe Avenue, N.W. Grand Rapids, MI 49503			Carol Paine-McGovern 2445 Hall St. SE Grand Rapids, MI 49506
	PHONE (and PHONE EXTENSION)	(616) 632-7566			(616) 285-0409
	FAX	(616) 632-7565			(616)
http://www.accesskent.com/kcfccc	**EMAIL**	kcfccc@kentcounty.org matthew.vanzetten@kentcounty.org			painemcgov@aol.com
Lake County	**Lake**				
	PHONE (and PHONE EXTENSION)				
	FAX				
	EMAIL				

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Lapeer County MPCB	**Lapeer**	Michael J. Rexin Lapeer ISD 1996 West Oregon Lapeer, MI 48446			Jim Chybowski Executive Director of corporate Services—Lapeer Region Mott Community College 550 Lake Drive Lapeer, MI 48446
	PHONE (and PHONE EXTENSION)	(810) 245-3980			(810) 667-4166
	FAX	(810) 664-1011			
	EMAIL	m_rexin@yahoo.com			jchybows@mcc.edu
Leelanau County Family Coordinating Council	**Leelanau**	Bob MacEachran Leelanau County FCC 7401 East Duck Lake Road, Suite 300 Lake Leelanau, MI 49653			Jenifer Murray Benzie Leelanau Health Dept. 7401 East Duck Lake Road Suite 100 Lake Leelanau, MI 49653
	PHONE (and PHONE EXTENSION)	(231) 256-0222			(231) 256-0208
	FAX	(231) 256-0226			(231) 256-0226
	EMAIL	bmaceachran@co.leelanau.mi.us			jmurray@bldhd.org
Lenawee County Multi-Purpose Collaborative Body	**Lenawee**	Kathryn Szewczuk, Coordinator Lenawee County CMHSP 1040 South Winter Street Suite 1022 Adrian, MI 49221	Jackie Johnson, Prevention Coordinator Lenawee County CMHSP 1040 South Winter Street, Suite 1022 Adrian, MI 49221		Tom MacNaughton Department of Human Services 1040 South Winter Adrian, MI 49221
	PHONE (and PHONE EXTENSION)	(517) 264-0189	(517) 264-0136		(517) 264-5280
	FAX	(517) 265-8237	(517) 265-8237		(517) 264-5299
	EMAIL	kSzewczuk@lcmha.org	jjohnson@lcmha.org		tmcnaughton@yahoo.com
Livingston County Human Services Collaborative Body	**Livingston**	Alissa Parks Livingston County CMH 2280 East Grand River Howell, MI 48843		Ted Westmeier, Director Livingston Co. Dept of Public Health 2300 E. Grand River, Suite 102 Howell, MI 48843	Bill Sleight, Director Michigan Works! 1240 Packard Howell, MI 48843
	PHONE (and PHONE EXTENSION)	(517) 546-4126		(517) 552-6801	(517) 552-2100
	FAX	(517) 546-1300		(517) 546-6995	(734) 878-6792
	EMAIL	aparks@cmhliv.org		TWestmeier@co.livingston.mi.us	wsleight@co.livingston.mi.us

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Mackinac County Human Services Collaborative Body	**Mackinac**	Geraldine Stelmaszek EUP Community Dispute Resolution Center P.O. Box 505 Sault Ste. Marie, MI 49783			Terri Bush, Chairperson Mackinac County DHS 199 Ferry Lane St. Ignace, MI 49781
	PHONE (and PHONE EXTENSION)	(906) 632-5467			(906) 643-6109
	FAX	(906) 632-5471			(906) 643-7467
	EMAIL	stelmaszekg@michigan.gov			busht@michigan.gov
Macomb County Human Services Coordinating Body	**Macomb**	Madeline Nantais, Prevention Coordinator Macomb County CMH Services 10 North Main, 5th Floor Mt. Clemens, MI 48043			Donald I. Habkirk, Jr. Macomb County CMH 10 North Main, 5th Floor Mt. Clemens, MI 48043
	PHONE (and PHONE EXTENSION)	(586) 466-7903			(586) 469-5779
	FAX	(586) 469-7958			(586) 469-7674
	EMAIL	madeline.nantais@mccmh.net			don.habkirk@mccmh.net
Manistee Human Services Collaborating Body	**Manistee**	Deb Wright 6021 S. Pere Marquette Hwy. Ludington, MI 49431			Char Myers Manistee ISD Manistee, MI 49660
	PHONE (and PHONE EXTENSION)	(231) 845-6445			(231) 723-6205
	FAX	(231) 843-1083			(231) 723-1520
http://www.muskegonhealth.net/ccc	**EMAIL**	Debwright7@aol.com			cmyers@Manistee.org
Marquette County Family Coordinating Council	**Marquette**	Kelly Zambon Child and Family Services 706 Chippewa Square, Suite 203 Marquette, MI 49855			Jayne Letts Big Brothers/Big Sisters 101 Pioneer Avenue Negaunee, MI 49866
	PHONE (and PHONE EXTENSION)	(906) 228-4050, x118			(906) 387-1711
	FAX	(906) 228-2153			(906)
	EMAIL	kellyzambon@miuplink.com			jletts@chartermi.net
Mecosta County Human Services Coordinating Body	**Mecosta**	David Bair, Strong Families/Safe Children Coordinator 1310 Upton St. Mt. Pleasant, MI 48858			Thomas Hogenson Mecosta County General Hospital 405 Winter Big Rapids, MI 49037
	PHONE (and PHONE EXTENSION)	(989) 330-9644			(231)
	FAX				(231)
	EMAIL	dbair4948@hotmail.com			thogenson@mcghhospital.com

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
Menominee County Collaborative Board	**Menominee**	Bill Reid The same address, phone, fax, and email is used for Dickinson County.			Larry Godwin, Superintendent Menominee County ISD 1201 41st Ave. Menominee, MI 49858
	PHONE (and PHONE EXTENSION)				(906) 863-2493
	FAX				(906)
	EMAIL				lgodwin@mc-isd.org
Midland County Health and Human Services Council	**Midland**	Susan Asher Community Impact Director United Way of Midland County 220 West Main Street, #100 Midland, MI 48640			Mike Krecek, Director Midland County Health Department 220 W. Ellsworth Midland, MI 48640
	PHONE (and PHONE EXTENSION)	(989) 631-3670			(989)832-6673
	FAX	(989) 832-5524			(989) 832-6628
	EMAIL	sasher@unitedwaymidland.org			mkrecek@hline.org.
Monroe County Human Services Collaborative Network	**Monroe**	Doug Redding Monroe ISD 1101 South Raisinville Road Monroe, MI 48161	Sandie Pierce Monroe County Human Services Collaborative Network 2901 Sharon Drive Monroe, MI 48162		Joe Grifka, Superintendent Fairview 3604 South Custer Road Monroe, MI 48161
	PHONE (and PHONE EXTENSION)	(734) 242-5799 x 1912	(734) 242-1331		(734) 240-3191
	FAX	(734) 242-5807	(734) 242-4378		(734) 240-3198
	EMAIL	redding@misd.k12.mi.us	piercesandie@hotmail.com		Joe_Grifka@monroemi.org
Montcalm Human Services Coalition	**Montcalm**	Lisa M. Lund, CSW Montcalm Human Services Coalition 621 New Street, P.O. Box 367 Stanton, MI 48888	John Kroneck (to be V. Chair) Project Rehab Wellness and Prevention Stanton, MI 48888	Don Lehman, V. Chair (Chair—10/1) MSUE 211 W. Main P.O. Box 308 Stanton, MI 48888	Phil Larson, Chair (until 10/1) Ionia Montcalm DHS 609 N. State P O Box 278 Stanton, MI 48888
	PHONE (and PHONE EXTENSION)	(989) 831-5261 x 449	(989) 831-4591	(989) 831-7500	(989) 831-8411
	FAX	(989) 831-8727		(989) 831-7515	(989) 831-8496
	EMAIL	llund@maisd.com		lehmand6@msu.edu	larsonp@michigan.gov
Montmorency County Family Coordinating Council	**Montmorency**	Carlene Przykucki, Northeast Michigan Community Partnership (NEMCP), Inc. 3022 US 23S, Suite C Alpena MI 49707			Jim Beach, Director Oscoda DHS P. O. Box 849 Mio, MI 48647
	PHONE (and PHONE EXTENSION)	989-356-2880			(989) 785-6013
	FAX	989-354-6939			

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	EMAIL	nemcpi@deepnet.net			Beachj2@michigan.gov
Muskegon County Community Coordinating Council	**Muskegon**	Jane Drake, Coordinator Community Coordinating Council 425 W Western Ave Suite 200 Muskegon MI 49440		Linda Juarez Hackley Community Hospital 2700 Baker Street Muskegon Heights, MI 49444	Jane Johnson, Director Muskegon DHS 2700 Baker Street PO Box 4290 Muskegon Heights, MI 49444
	PHONE (and PHONE EXTENSION)	(231)-722-4538 ext. 108		(231) 733-6693	(231) 733-3870
	FAX	231-722-4616		(231) 737-0534	
	EMAIL	Jdrake@cffmc.org		juarezl@hccc-health.org	Johnsonj13@michigan.gov
Newaygo County Human Services Coordinating Body	**Newaygo**	Sarah Bowman Newaygo CMH 1049 Newell, P. O. Box 867 White Cloud, MI 49349			Greg Snyder, Executive Director Newaygo Co Mental Health Cntr 1049 Newell, PO Box 867 White Cloud, Michigan 49349
	PHONE (and PHONE EXTENSION)				
	FAX				
	EMAIL	sbowman@newaygocmh.org			gsnyder@newaygocmh.org
Oakland County Human Services Coordinating Council	**Oakland**	Pam Barckholtz, HSCC Coordinator and Strong Families/Safe Children Coordinator 4100 Woodward Avenue Stoneridge East, Suite 200 Bloomfield Hills, MI 48304		Jim Perlaki, VP of Community Intervention Services The Common Ground Sanctuary 1410 S. Telegraph Bloomfield Hills, MI 48302	Ron Borngesser, CEO Oakland Livingston Human Service Agency (OLHSA) 196 Cesar Chavez Drive Pontiac, MI 48343-0598
	PHONE (and PHONE EXTENSION)	(248) 975-4885 Mobile (248) 563 0930		(248) 456-8150	(248) 209-2605
	FAX	(248) 975 4855		(248) 456-8147	(248) 209-2615
	EMAIL	barckholtzp@michigan.gov		jperlaki@commongroundsanctuary.org	ronb@olhsa.org
Ogemaw County Human Services Council	**Ogemaw**	Teresa Tokarczyk, Contact Person School Success Supervisor AuSable CMH 511 Griffin West Branch, MI 48661	Laura Reynolds Strong Families/Safe Children Coordinator District Health Dept. #2 630 Progress Street West Branch, MI 48661	Teresa Tokarczyk, Vice Chairperson School Success Supervisor AuSable CMH 511 Griffin West Branch, MI 48661	Rhonda Schick, Chairperson 806 W. Houghton Ave. Room 203 West Branch, MI 48661
	PHONE (and PHONE EXTENSION)	(989) 345-5571	(989) 343-1807	(989) 345-5571	(989)
	FAX	(989) 345-4111		(989) 345-4111	

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	EMAIL	Teresa.Tokarczyk@avcmh.org	lchapman@dhd2.org	Teresa.tokarczyk@avcmh.org	rschick@ogemawcourt.com
Osceola Human Services Coordinating Council	**Osceola**	Larry Emig, Strong Families/ Safe Children Coordinator 436 W. Osceola Ave. Reed City, MI 49677		Kay Frederick, Juvenile Officer Osceola Co. Family Court 410 W. Upton Ave Reed City, MI 49677	Trincie Stroven Custody/Parenting Time Specialist Osceola County Friend of the Court 301 W. Upton Ave Reed City, MI 49677
	PHONE (and PHONE EXTENSION)	(231) 342-9163 (cell)		(231) 832-6128	(231) 832-6131
	FAX	(231) 832-4880		(231) 832-6181	(231)
	EMAIL	leemig@charter.net		kayefrederick@juno.com	strovent@michigan.gov
Oscoda County Human Services Coordinating Council	**Oscoda**	Deb Nurse MSU Extension P.O. Box 69 Mio, MI 48647			Jim Beach, Director Oscoda DHS P. O. Box 849 Mio, MI 48647
	PHONE (and PHONE EXTENSION)	(989) 826-1152			(989) 826-4000
	FAX	(989) 826-3961			(989) 826-3961
	EMAIL				Beachj2@michigan.gov
Otsego Human Services Network	**Otsego**	Peter Amar, Prevention Coordinator The same address/email is used for Cheboygan County.			Barbara Soffredine COP ESD 6065 Learning Lane Indian River, MI 49749
	PHONE (and PHONE EXTENSION)				(231) 238-9394
	FAX				(231) 238-8551
	EMAIL				soffredb@copesd.k12.mi.us
Ottawa County Human Services Coordinating Council	**Ottawa**	Andrea Mulder Administrative Coordinator 7319 Terrace Lane Jenison, MI 49428			Pat VerDuin Ottawa County Family Court 12120 Fillmore West Olive, MI 49460
	PHONE (and PHONE EXTENSION)	(616) 581-7475			(616)786-4124
	FAX				
	EMAIL	Ottawahscc@gmail.com			pverduin@co.ottawa.mi.us
Presque Isle Human Services Coordinating Council	**Presque Isle**	Mary Schalk, Coordinator 5067 Klee Road Rogers City, MI 49779			Amy Fullerton, Chair TAPESTRY Project 6201 M 33 Onaway, MI 49765
	PHONE (and PHONE EXTENSION)	(989) 734-2877			(989) 733-4112

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	FAX	(989) 734-2877			(231) 238-8551
	EMAIL	maryschalk@hughes.net			rfullerton@net4kids.us
Roscommon Human Services Collaborative Body	**Roscommon**	Cynthia Timmons Collaborative Coordinator P.O. Box 834 Grayling, MI 49738	Dan Lowery SF/SC Coordinator CMDHD P.O. Box 739 Prudenville, MI 48651	Rhoda Hacker, Director River House Shelter P.O. Box 661 Grayling, MI 49734	Honorable Doug Dosson Probate Judge Roscommon County Probate and Family Court County Building Room 132 500 Lake Street Roscommon, MI 48653
	PHONE (and PHONE EXTENSION)	(989) 344-9335	(989) 366-9166, ext. 29	(989) 348-3169	(989) 275-7675
	FAX	(989) 344-1815			
	EMAIL	Cindy.Timmons@hotmail.com	dlowery@cmdhd.org	director@riverhouseshelter.org	probatecourt@roscommoncounty.net
Saginaw County Human Services Collaborative Body	**Saginaw**	Karen Sangster, SCHSCB Coordinator 1600 N. Michigan Saginaw MI 48602			Dr. Cheryl Plettenberg, Chair 1600 N. Michigan Ave. Saginaw, MI 48602
	PHONE (and PHONE EXTENSION)	(989) 758-3785			(989) 758-3822
	FAX	(989) 758-3746			(989) 758-3746
	EMAIL	ksangster@saginawcounty.com			cplettenberg@saginawcounty.com
Sanilac County Human Services Coordinating Body	**Sanilac**	Sharon Brittich Sanilac County HSCB 171 Dawson Sandusky, MI 48471			Marvin Pichla Michigan Works 3270 Wilson Street Marlette, MI 48453
	PHONE (and PHONE EXTENSION)	(810) 648-0112 x 3			(989) 635-3561
	FAX	(810) 648-3699			(989) 635-2230
	http://www.greatlakes.net/~packman/hscb				pichlam@thumbworks.org
	EMAIL	packman@greatlakes.net			
Schoolcraft County Community Collaborative	**Schoolcraft**	Pat Duyck SC Community Collaborative 7065 W. Smith Lake Drive Manistique, MI 49854			Joan Ecclesine Early Head Start Services Coordinator 426 Chippewa Avenue Manistique, MI 49854
	PHONE (and PHONE EXTENSION)	(906) 341-0401			(906) 341-6423
	FAX	(906)			(906) 341-5862
	EMAIL	rogersfan@hotmail.com			jecclesine@mdsecp.com
Shiawassee County Health and Human Services Council	**Shiawassee**	Rich Baldwin 5547 Star Flower Haslett, MI 48840			Cynthia Mayhew 1905 W. M-21 Owosso, MI 48867

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	PHONE (and PHONE EXTENSION)	(517) 339-9871			(989) 723-7377
	FAX	(517) 339-5908			(989) 725-6113
	EMAIL	RLBald@aol.com			arcshia@michonline.net
St. Clair County Community Services Coordinating Body	**St. Clair**	Amy Smith Community Planning Office St. Clair County CMH 1011 Military Street Port Huron, MI 48060-5416			Michael McCartan St. Clair County CMH 1011 Military Street Port Huron, MI 48060
	PHONE (and PHONE EXTENSION)	(810) 985-8900			(810) 985-8900
	FAX	(810) 985-7620			(810) 985-7620
	EMAIL	asmith@scccmh.org			mccartan@scccmh.org
St. Joseph County Human Services Commission	**St. Joseph**	Jo Ann Mundy St. Joseph County HSC 692 East Main Centreville, MI 49032		Matt Chambers TR Health Three Rivers, MI 49093	Duke Anderson 570 Marshall Road Coldwater, MI 49036-8262
	PHONE (and PHONE EXTENSION)	(269) 467-1298		(269)	(517) 279-4301
	FAX	(269) 467-4012		(269)	(517) 278-2923
http://www.stjosephhsc.org/	**EMAIL**	mundyj@michigan.gov			Danderson@countyofbranch.com
Tahquamenon Area Human Service Collaborative Body	**Luce**	Karen Pentland, Contact Person Success Oriented Directed Achievement 500 W. McMillan Newberry, MI 49868	Rose Ann Welty, SF/SC Coordinator 200 Hamilton P.O. Box 73 Newberry, MI 49868		Karen Pentland, Chair Success Oriented Directed Achievement 500 W. McMillan Newberry, MI 49868
	PHONE (and PHONE EXTENSION)	(906) 293-0123	(906) 293-8145		(906) 293-5144
	FAX		(906) 293-8199		
	EMAIL	Pentlandk2@michigan.gov	roseann@up.net		Pentlandk2@michigan.gov
Tuscola County Human Services Coordinating Council	**Tuscola**	Susan Andrus, Coordinator Tuscola County HSCC PO Box 535 Caro, MI 48723			Carol Socha TISD 1385 Cleaver Caro, MI 48723
	PHONE (and PHONE EXTENSION)	(989) 550-8283			(989) 673-2144, x 401
	FAX				(989) 673-5366
		susaneawalker@yahoo.com			csocha@tisd.k12.mi.us
Van Buren County Human Services Collaborative Council	**VanBuren**	Claren Schweitzer VanBuren CMH P.O. Box 249 Paw Paw, MI 49079			Jeff Elliott VanBuren Public Health 57418 CR681 Hartford, MI 49057

COMMUNITY COLLABORATIVES IN MICHIGAN

Community Collaborative	County Represented	Collaborative Coordinator/ Contact Person	Other Coordinator	Vice-Chair	Chairperson
	PHONE (and PHONE EXTENSION)	(269) 657-7702 x 3131			(269) 621-3143
	FAX	(269) 657-3474			(269) 621-2725
	EMAIL	cschweitzer@vbcmh.com			jeffe@vbcassdhd.org
Washtenaw Human Services Collaborative Council	**Washtenaw**	Mike Scholl Human Services Community Collaborative Washtenaw County Public Health Administration 555 Towner P. O. Box 915 Ypsilanti, MI 48197-0915			Frank Cambria, Deputy County Administration Washtenaw County Administration 220 North Main Ann Arbor, MI 48104
	PHONE (and PHONE EXTENSION)	(734) 544-6856			(734) 222-6850
	FAX	(734) 544-6704			(734)
http://www.ewashtenaw.org/government/departments/hscc/index_html	**EMAIL**	schollm@ewashtenaw.org			cambriaf@ewashtenaw.org
Wayne County Human Services Coordinating Body	**Wayne**	Bernell L. Wiggins, Manager Strong Families/Safe Children Children and Family Services Administration Wayne County DHS 3040 W. Grand Blvd., Ste 5-600 Detroit, MI 48202-6040			Jerome Rutland, Chair Wayne County DHS, Director Cadillac Place, Suite #5-650 3040 West Grand Blvd. Detroit, MI 48202
	PHONE (and PHONE EXTENSION)	(313) 456-1266			(313) 456-1025
	FAX	(313) 456-1239			(313) 456-1218
	EMAIL	wigginsb@michigan.gov			rutlandj@michigan.gov
West Michigan Child and Family Leadership Council	**Mason, Oceana**	Kathy Kovalchik-Lacko West Michigan CFLC 5868 W. US 10 Ludington, MI 49431			Rich VandenHeuvel, Executive Director West Michigan CMH 920 Diana Ludington, MI 49431
	PHONE (and PHONE EXTENSION)	(231) 845-1723			(231) 843-5489
	FAX	(231) 845-7095			(231) 845-7095
	EMAIL	leadership@uwmasoncounty.org			richv@wmcmhs.org
Wexford-Missaukee Human Services Leadership Council	**Wexford, Missaukee**	Shari Spoelman Northern Lakes CMH 527 Cobbs Street Cadillac, MI 49601			Dave VanHouten Department of Human Services P. O. Box 309 Cadillac, MI 49601
	PHONE (and PHONE EXTENSION)	(231) 876-3280			(231) 779-4501
	FAX	(231) 775-1692			(231) 779-4507
	EMAIL	Shari.spoelman@nlcmh.org			vanhoutend@michigan.gov

COMMUNITY COLLABORATIVES IN MICHIGAN

For additions/corrections, please contact Mary Ludtke at 517/241-5769 or email: ludtkem@michigan.gov

0-3 Secondary Prevention Grants
FY 2006

Allegan County Intermediate School District
County Served: Allegan
Contact: Debby Scogin (269) 673-6954
Grant Amount: $126,264
The 0-3 Prevention project will provide early identification and referrals, home visits, parenting education classes, and bilingual parenting services. The Parents as Teacher curriculum is utilized to strengthen parent's ability to understand their child's development and prepare them for school.

AuSable Valley Community Mental Health
County Served: Iosco
Contact: Karen Deyarmond (989) 362-8636
Grant Amount: $77,081
The Infant Mental Health and Early Head Start programs will be enhanced to provide more intensive services for at risk families. Services provided include home visiting (emphasizing teen parents), playgroups, and case management.

Barry-Eaton District Health Department
County Served: Barry & Eaton
Contact: Suzanne Thuma (517) 541-2603
Grant Amount: $122, 250
Healthy Families Barry Eaton is a home visiting program that provides screening, assessment, parenting education, information/referral, and linkages with community services. Several curricula are utilized depending on the needs of the family.

Capstone/Berrien County Health Department
County Served: Berrien
Contact: Ron Weber (269) 926-1979
Grant Amount: $202,250
The Prenatal and Early Childhood Nurse Home Visitation program will provide parenting education and assessment through home visiting services to low-income, first-time mothers and their families.

BHK Child Development Board
County Served: Houghton-Keweenaw-Baraga
Contact: Rod Liimatainen (906) 482-3663
Grant Amount: $191,422
Services include: In-home Infant Mental Health services, increased access to Public Health Infant Support Services, respite care, emergency and sick-child care, and coordination of services by a consolidated 0-3 advisory council. Baraga services provided include parenting education, play groups, Super Saturday programs, respite care, and linkages to health and other community services.

Branch-Hillsdale-St. Joseph Community Health Agency
County Served: Hillsdale
Contact: Andrea Bricker (517) 437-7395 ex. 116
Grant Amount: $82,250
The Healthy Beginnings program is based on the Healthy Families model and promotes positive parent/child interaction, assesses families, and promotes health childhood growth and development. Services provided include screening, assessment, home visits, team planning, and referral to community services.

Cadillac Area OASIS (Family Resource Center)
County Served: Wexford & Missaukee
Contact: Rhonda Weathers (231) 775-7299
Grant Amount: $37,770
The Family Links Program provides home visiting services to families experiencing family, marital or partner conflict. Services include support services, parenting education, assisting the family in meeting medical, housing and childcare needs and helping to decrease family conflict and improve parent/child interaction.

Catholic Social Services
County Served: Muskegon
Contact: Pam Cohn (231)726-4735
Grant Amount: $162,244
The Healthy Families program is designed to promote healthy child and family development by reducing risk factors, promoting healthy habits, strengthening parent/child bonds, and empowering the family. Services include home visiting, parenting support and education, case management, support groups, and assistance in accessing community resources.

Clinton County Family Resource Center
County Served: Clinton
Contact: Howard Comstock (989) 224-1173
Grant Amount: $118,326
The Healthy Start program will provide universal screening of all births in Clinton County, service coordination and referrals, home visiting services focusing on child development and parent-child interactions, and long-term parenting education and support. The MELD model will also be utilized.

Dickinson/Iron District Health Department
Counties Served: Dickinson & Iron
Contact: Joyce Ziegler (906) 265-4156
Grant Amount: $79,338
The I.M.P.E.T.U.S. project provides home visiting services focused on improving outcomes for the family. Services include parenting education, Welcome Newborn Resource Guide, parenting newsletters, and information/referral.

District Health Department #2
County Served: Alcona, Iosco, Oscoda, & Ogemaw
Contact: Laura Chapman (989) 343-0703
Grant Amount: $162,250
The Family Matters program will provide in-home services to at-risk families in the four-county area who are not eligible for other support services. Services will also include: parenting classes, monthly newsletters, and information and referral.

District Health Department #4
County Served: Alpena
Contact: Rosanne Schultz (989) 354-4230
FY 2001 Grant Amount: $123,244
The Day One program will be expanded by hiring two additional family support workers to serve all families identified as being at risk for child abuse and neglect. The program is modeled after the Healthy Families program and provides home visiting services, a parent support group, and information and referral.

District Health Department #4
County Served: Montmorency
Contact: Rosanne Schultz (989) 354-4230
Grant Amount: $71,371
The Day One program will provide enhanced parenting education and support through home visiting services. The Healthy Start model is being used with the Building Strong Families curriculum and will focus on child development, discipline techniques, and positive parent-child interaction.

District Health Department #10
County Served: Lake, Mason, & Oceana
Contact: Marcia Walter (231) 873-2193
Grant Amount: $162,250
The Parents as Teachers model will be used to provide parent education support, information/referral, male parent involvement advocacy services, and in-home nurse visitation. Priority will be given to parenting teens or pregnant families.

0-3 Secondary Prevention Grants
FY 2006

Central Michigan Health Department
County Served: Clare
Contact: Catrina Weber (989) 539-6731 x 19
Grant Amount: $46,263
Success by Three serves pregnant women and families through home visits that provide parent education, bonding, child development, community resources, and focus on individual needs. Program utilizes public health nurse and program coordinator to provide services and coordinate services to families enrolled.

Family and Children Services
County Served: Calhoun
Contact: Ted Lindberg (269) 569-8380
Grant Amount: $137,819
Healthy Families Calhoun provides home visiting services to families with children between the ages of 0-3 years who have been identified to have risk factors for child abuse and neglect. Services provided include assessment, parenting education, linkages to health care services, and case management.

Genesee Intermediate School District
County Served: Genesee
Contact: Gloria Bourdon (810) 591-4447
Grant Amount: $82,250
Genesee I.S.D.'s S.K.I.P (Successful Kids Equals Involved Parents) uses the Parents as Teachers program model and curriculum . The program has an intensive home visitation component and educates parents on Safe Sleep principles.

Heartland Community Services
County Served: Mecosta
Contact: Donald Guernsey 231-527-1890
Grant Amount: $46,263
Parents and children will participate in the Nurturing Program. The program shall consist of group based activities and on site home visit. Families will receive weekly assistance through the combination of activities and transportation is provided to the group activities.

Huron County Health Department
County Served: Huron
Contact: Gretchen Tenbusch (989) 269-9721 ex. 115
Grant Amount: $46,639
Various services will provided with the 0-3 grant including a 0-3 Family Mentor, playgroups, expansion of the Maternal Support Services/Infant Support Services using the Building Strong Families model, and a Parenting the Second and Third Year Newsletters.

Ingham County Health Department
County Served: Ingham
Contact: Lisa Chambers (517) 702-3520
Grant Amount: $133,450
The Jump Start Family Outreach Program provides voluntary, intensive, long-term support and education to families through home visiting services using the Healthy Families America model.

Ionia County Intermediate School District
County Served: Ionia
Contact: Cheryl Granzo (616)527-4900, ext. 1410
Grant Amount: $148,650
The Begin with Babies project targets families that are low income and have three or more identified risk factors. The Parents As Teachers curriculum is used to assist families to increase their parenting knowledge and skills. Playgroups and home visiting services are also provided.

Community Healing Center
County Served: Kalamazoo
Contact: Aileen McKenna (269)343-1651
Grant Amount: $150,250
The Parents as Partners/Healthy Families program provides a variety of services including regularly scheduled home visits, parent support groups, and a monthly newsletter. The program uses a variety of curriculums to work with families on developing basic parenting skills and an understanding of child development.

Monroe County Intermediate School District
County Served: Monroe
Contact: Douglas Redding (734) 242-5799, ext. 1912
Grant Amount: $28,076
The Healthy Start program will be expanded to serve at-risk pregnant teens and teen parents in Monroe County. Program enhancements will also allow for prenatal services and pre and postnatal classes to be provided.

MSU Extension – Bay County
County Served: Bay
Contact: Howard Wetters (517) 895-4026
Grant Amount: $117,944
Expanded home visiting services, hospital screenings, a central intake and referral system that includes a 1-800 number, and educational and developmental mailings for enrolled families, will be provided for at-risk families in Bay County.

MSU Extension – Grand Traverse County
County Served: Grand Traverse
Contact: Jennifer Berkey (231) 922-4821
Grant Amount: $145,465
The Healthy Futures program will be expanded by hiring one public health nurse to provide service coordination and home visits to at-risk families. Training on the Parents as Teachers Curriculum will also be available to county service providers.

MSU Extension – Sanilac County
County Served: Sanilac
Contact: Gail Innis (810) 648-2515
Grant Amount: $82,250
Healthy Families Sanilac is modeled after the Healthy Start program and provides home visiting services to new parents. Through the program families learn about child development, nutrition and infant feeding, appropriate guidance and discipline, infant and toddler health care, and life skills.

Newaygo Public Schools
County Served: Newaygo
Contact: Terri Dodson-Garrett (231) 652-3629
Grant Amount: $162,250
The Parents as Teachers curriculum will be integrated with direct services in the county by training 16 current staff. Home visits, a packet of health information, parenting groups, and parenting education opportunities will also be provided to at-risk families.

Northwest Michigan District Health Department
Counties Served: Charlevoix & Emmet
Contact: Patricia Fralick (231) 347-6014
Grant Amount: $93,464
The Teen Parent Program serves pregnant or parenting teens with parenting education, information and referral, home visits, and access to substance abuse services and medical care.

0-3 Secondary Prevention Grants
FY 2006

Oakland Family Services
County Served: Oakland
Contact: Jan Carpenter (248) 858-7766
Grant Amount: $122,250
The Fussy Baby Program is targeted at families with infants and toddlers from birth to three years who are evidencing regulatory or behavioral difficulties that place them at high risk for abuse and neglect. The program offers assessment, service planning, coordination, and intervention in a strength-based, family friendly prevention service model.

Saginaw County Child Abuse and Neglect Council
County Served: Saginaw
Contact: Suzanne Greenberg (989) 752-7226
Grant Amount: $202,250
The Birth Through Three Educational Program is based on the Healthy Families America model and utilizes the Parents as teacher, Building Strong Families, and SKI*HI Parent/Infant curriculums. The programs provides comprehensive assessment, weekly home visiting, and parent support services.

Salvation Army
County Served: Wayne
Contact: Maureen Northrup (313) 537-2130
Grant Amount: $74,250
The Next Step program targets pregnant and parenting teenage mothers with 0-3 year old children. The grant will expand the program to serve more families and will also provide intensive services in the areas of home visits, case management, and group services.

Shiawassee County Health Department
County Served: Shiawassee
Contact: Rose Mary Asman (989) 743-2355
Grant Amount: $137,744
The Healthy Families program will be expanded to provide home visiting services to at-risk families in Shiawassee County. Case management and linkages to other needed services will be provided by a multi-disciplinary team.

Spaulding for Children
County Served: Wayne
Contact: Ann Funchess (248) 443-0300
Grant Amount: $162,250
The Parenting Consortium program targets low income families who live in Detroit, Highland Park, and Hamtramck who are pregnant or have at least one child between birth and age three. Services include parenting education, child assessment, health and economic support services, and linkages with community resources.

St. Joseph Mercy Hospital
County Served: Oakland
Contact: Kathleen Strader (248) 335-5638
Melissa Freel (248) 335-5638 x 2
Grant Amount: $162,250
Healthy Start/Healthy Families Oakland works with St. Joseph Mercy Hospital and Providence Hospital to screen all newborn families. At risk families will receive home visiting services to promote health child growth and development, improved parent-child relationships, and enhanced family functioning.

The Development Center
County Served: Wayne
Contact: Marilyn Schmitt (313) 531-2500
Grant Amount: $162,250
The After Baby Comes project serves families in the City of Detroit, western Wayne County, and the Downriver areas. Based on the Healthy Start Model, the project provides initial assessment, parent support, home visiting, supportive phone calls, infant massage, and educational and play group opportunities.

Tuscola County Health Department
County Served: Tuscola
Contact: Gretchen Tenbusch (989) 673-8114, ext. 115
Grant Amount: $133,788
Home visiting services will be expanded and support groups will be created for at-risk families in Tuscola County. Services will be coordinated through a central intake, assessment, and database tracking of families.

Women's Resource Center
County Served: Livingston
Contact: Pam Carter (517) 548-2200
Grant Amount: $61,498
The Healthy Families Livingston program serves at-risk families with home visiting services. By nurturing the parent or other caregiver, the Family Support Workers models appropriate behavior, encourages goal setting and health maintenance, teaches problem solving skills, and assists the family with health parent-child interaction and child development.

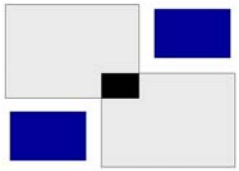
ZERO TO THREE SECONDARY PREVENTION INITIATIVE

PROGRAM INDICATORS

FY 2006

October 1, 2005

CREATED BY:
THE ZERO TO THREE SECONDARY PREVENTION STEERING COMMITTEE
AND
GILLESPIE RESEARCH, LLC
MICHAEL D. GILLESPIE, MSW



ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Introduction:

The Zero to Three Secondary Prevention Initiative Program Indicators were created to address the building reality of outcomes and accountability for programs and services. The overarching purpose of this set of indicators is to systematically collect data from the entirety of grantees, and aggregate this data to inform the system as a whole. The Indicators are not designed to measure performance at the grantee level, rather to assure to stakeholders, including the State Legislature, that the Initiative is outcome-driven. Further, it will allow the Initiative to show that impacts are being made on the population served which warrant continued funding and support.

Traditionally, indicators for Zero to Three reporting were based on those established by the Zero to Five Advocacy Network of Michigan (ZFAN), an advocacy group working on behalf of service providers for infants and toddlers. These indicators, eight in total, were created for a larger service system, focusing on any home visitor services for families with children ages birth to five. The indicators created by the Zero to Three Secondary Prevention Steering Committee focus in on the ideas of ZFAN, and expand the number of indicators to cover the specificity of programs and services funded through Zero to Three. Therefore, these indicators are specific to the Initiative, intended for use by the Initiative, and weigh the accountability of the Initiative. In essence, they provide the framework for the system to respond to the requirements established by law.

The method through which the indicators were created focused on the history of data previously collected by grantees as well as an incorporation of new mandates and projects. In sum, the indicators created minimal new data points; rather, the indicators use and respond to the data already being collected by grantees through quarterly reporting requirements, state-wide evaluation efforts, grant agreements, and funding applications.

Percentage goals for meeting the indicators and outcomes were established through a process of informed research. Historical Initiative data was used to establish a base-line predicated on past performance. For goals concerning indicators for which data from the Adult-Adolescent Parenting Inventory (AAPI-2) will be employed, a set of pilot data from over 2 years of AAPI-2 use was used to determine levels of success. Additionally, State of Michigan trend data, such as immunizations rate, were used to inform goals concerning such information.

The indicators were also crossed with those created by the larger early childhood system in Michigan, known as the Early Childhood Comprehensive System. This allows for the work being done by Zero to Three providers to be connected and inform the larger early childhood system. Finally, the indicators, in draft form, were sent to current Zero to Three Grantees for comments and feedback. The suggestions and remarks provided by the Grantees aided in shaping this final version of the system's accountability.

In closing, it is important to remember that accountability and outcomes are at the forefront of the decision-making process. Programs need to have the capacity to report to stakeholders in a systematic and coherent way; it is through these indicators that the Zero to Three Secondary Prevention Initiative will be accountable. By holding the system responsible for outcomes, it is the vision that

the Zero to Three Secondary Prevention Initiative will remain in the forefront of providing high quality, effective and important child abuse and neglect prevention services for Michigan's families.

Description of Indicator Format:

The indicators are grouped by a series of information, including Evaluation Focus Areas and Outcomes. Further, the indicators are crossed with statistics already established by the larger early childhood system; the data source from which the indicator will be informed is also provided. Below is a description of each field in the matrices on the following pages.

Evaluation Focus Area: These focus areas are the classification of program intents as legislated by the State of Michigan. In all, Zero to Three Secondary Prevention includes 7 general focus areas: Promotion of Marriage, Foster Positive Parenting Skills, Improved Parent/Child Interactions, Promote Access to Needed Community Services, Improve School Readiness, Increase Local Capacity to Serve Families at-Risk, and Support Healthy Family Environments that Discourage Alcohol, Tobacco, and Other Drug Use.

Outcomes: The outcomes were established to organize the data and information processed through the indicators themselves. They focus the indicators in to groups to help inform the overall legislated focus areas.

Indicators: The main focus of this document, the indicators lay-out the exact specification of what information will inform the outcomes and the focus areas.

ECCS Indicator: The column provides the indicator number and letter for which it corresponds in the Early Childhood Comprehensive System. This enables users to see how the Initiative is addressing similar issues as the larger early childhood system, as well as provide data to this system.

Data Source: The data source gives the resource from which data will be collected to inform the indicator.

Definition: Preceding each focus area, the definition outlines the Steering Committee's characterization of each focus area and their outcomes and indicators. In general, these definitions provide direction for understanding the focus areas in the context of secondary prevention and early childhood development.

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Promotion of Marriage: Efforts that support healthy relationships so that child well-being is maximized, including[1]:

- Strengthening parenting skills
- Enhancing positive relationship skills including effective communication and problem solving
- Promoting father involvement
- Preventing domestic violence

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
PROMOTION OF MARRIAGE	Participants have access to information on marriage and healthy relationships	1) **100%** of grantees will provide information and materials on the promotion of marriage.		Annual Contract Review

[1] Karen Shirer, Michigan State University Extension, *Caring for My Family* Curriculum

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Foster Positive Parenting Skills: Supporting parents in strengthening those characteristics that lend stability to their child's development, including[2]:

- Increased understanding of child development
- Increased awareness and responsiveness to child's engagement strategies
- Increased understanding of appropriate child discipline techniques
- Providing a safe and nurturing home environment

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
FOSTER POSITIVE PARENTING SKILLS	Increase at-risk parenting attitudes to normal, positive sustainable levels	1) Of those with AAPI-2 pre-test scores near at-risk levels, **60%** will increase them to normal levels prior to discharge from the program.		AAPI-2 Data
		2) **85%** of participants will not have AAPI-2 scores drop to at-risk levels when a previous administration indicated them as 'normal'.		AAPI-2 Data
		3) Of those whose AAPI-2 scores drop to at-risk levels after the pre-test scored them as 'normal', **80%** will raise them to positive levels by the next administration.		AAPI-2 Data
		4) Quarterly, **80%** of parents will show an increase or maintain the level of how they rate their parenting skills.	8.b.	AAPI-2 Demographic Questionnaire
	Improve parent's understanding of child development	1) **60%** of participants will show an increase on the "Appropriate Parental Expectations" Construct from the pre-test to the second administration.		AAPI-2 Data

[2] *Effective Home Visiting for Very Young Children – 1, MSU Best Practice Briefs No. 17, 1999-2000, p. 2*

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
FOSTER POSITIVE PARENTING SKILLS	Enhance the parenting capacities of participants	1) For each grantee, the mean AAPI-2 score on a single construct will increase between .25 and .75 points between each administration.		AAPI-2 Data
		2) **65%** of participants will show an increase in AAPI-2 scores, significant or not, from the pre-test to the 2nd administration in at least 3 constructs.		AAPI-2 Data
		3) **65%** of participants will show an increase in AAPI-2 scores, significant or not, from the pre-test to the 3rd administration in at least 3 constructs.		AAPI-2 Data
		4) Annually, **80%** of parents will indicate an improvement in parenting skills as a result of 0-3 services.	8.b.	0-3 Program Register
		5) **5%** of newly enrolled parents will report having previously utilized a parenting education program.	8.a.	AAPI-2 Demographic Questionnaire
		6) **100%** of grantees who serve parents of newborns will provide or ensure access to parenting skills classes or individual instruction focused on basic care and child safety.	8.c.	0-3 Program Register

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Improved Parent/Child Interactions: To assist and support parents to be appropriately responsive, consistent with the child's development and safety, including the child's[3]:

- Bids for attention,
- Moods,
- Emotional states,
- Expressions of interests, and
- Efforts to communicate.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
IMPROVED PARENT/ CHILD INTERACTIONS	Improve parent/child relationships	1) **95%** of participants will show an increase in how they rate their quality of relationships with their children from their pre-test to their final administration of the AAPI-2.		AAPI-2 Demographic Questionnaire
		2) The percentage of families who remain in service will increase over 4 quarterly reports.		0-3 Program Register

[3] Shonkoff, J. P. and Phillips, D. A. (Eds.) (2000). *Neurons to Neighborhoods: The science of early childhood development*. Washington, D.C.: National Academy Press

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
IMPROVED PARENT/ CHILD INTERACTIONS	Infants and toddlers are safe	1) **96%** of children in families served will not have Category 1 or 2 CPS Dispositions while enrolled in services.	7.a.	0-3 31-B
		2) **96%** of children in families served will not have a Category 3 CPS Disposition while enrolled in services.	7.a	0-3 31-B
		3) **90%** of children in families served will not have a Category 1 or 2 CPS Disposition 6 months after exiting from the program.	7.a.	0-3 31-B
		4) 90% of children in families served will not have a Category 3 CPS Disposition 6 months after exiting from the program.	7.a	0-3 31-B
		5) **90%** of children in families served will not have a Category 1 or 2 CPS Disposition 12 months after exiting from the program.	7.a.	0-3 31-B
		6) **90%** of children in families served will not have a Category 3 CPS Disposition 12 months after exiting from the program.	7.a	0-3 31-B

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Promote Access to Needed Community Services: Programs assist families to identify services to meet family needs and assist to remove any barriers to access[4].

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
PROMOTE ACCESS TO NEEDED COMMUNITY SERVICES	Children will receive needed services	1) Annually, **100%** of children will participate in developmental screening.	3.a.	0-3 Program Register
		2) **100%** of children screened each quarter who are suspected to have developmental delays will be referred to *Early On* Michigan or a similar program.	3.b.; 10.d.	0-3 Program Register
		3) **80%** of children will be up-to-date with age appropriate immunizations each quarter.	1.i.	0-3 Program Register
		4) Each quarter, **75%** of children are up-to-date with well-child visits.	3.a.	0-3 Program Register
	Families will receive needed services	1) Each quarter, **85%** of families served will have access to a primary health care provider.	1.a.; 2.b.	0-3 Program Register
		2) As reported quarterly, **90%** of pregnant women will receive the recommended number of pre-natal care visits.	1.d.	0-3 Program Register

[4] Nisbet, J. and Hagner, D. (2000). *Part of the Community: Strategies for including everyone*. Baltimore, MD: Paul H. Brookes Publishing Co.

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Improve School Readiness: Efforts that contribute to the well-being of the child so that the child is ready to succeed in school and life. One definition of "Ready to Succeed" includes[5]:

- Socially, emotionally and physically healthy
- Able to communicate needs, wants, and thoughts
- Enthusiastic and curious in approaching new activities
- Able to do problem solving and use new information
- Grounded in safe, stable, consistent, and nurturing relationships

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
IMPROVE SCHOOL READINESS	Children will be on target for school entry	1) **80%** of children will be up-to-date with age appropriate immunizations each quarter.	1.i.	0-3 Program Register
	Children will be developmentally age appropriate	2) **94%** of children screened quarterly will meet age-appropriate developmental milestones.	9.h.	0-3 Program Register

[5] Based on definitions created by Michigan's Ready to Succeed Partnership

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Increase Local Capacity to Serve Families At-Risk: Programs maintain a stable level of services with steady cash matches, in-kind services, and local supports so families identified to be at the greatest risk and need can receive community interventions.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
INCREASE LOCAL CAPACITY TO SERVE FAMILIES AT-RISK	Agencies will maintain program infrastructure	1) **100%** of grantees will guarantee matching funds prior to the start of the programming cycle.	11.d.	Annual Grant Review
	Appropriate services will be provided to at-risk families	1) Each quarter, **100%** of grantees will maintain or increase the number of families served with three or more risk factors.		0-3 Program Register
		2) Each quarter, Grantees report at least **50%** of families served have 3 or more risk factors.		0-3 Program Register
		3) Each quarter, **100%** of grantees will maintain or increase the number of services provided.		0-3 Program Register
		4) Each quarter, **100%** of grantees will maintain or increase the types of services available to families.		0-3 Program Register

ZERO TO THREE SECONDARY PREVENTION PROGRAM INDICATORS

Support Healthy Family Environments that Discourage Alcohol, Tobacco and Other Drug Use: Provide information and support that encourage healthy life choices, a physical environment that protects family members from injuries and illness and discourages use/abuse of drugs, tobacco, and alcohol.

Evaluation Focus Area	Outcomes	Objective/Indicator	ECCS Indicator	Data Source
SUPPORT HEALTHY FAMILY ENVIRONMENTS THAT DISCOURAGE ALCOHOL, TOBACCO AND OTHER DRUG USE	Parents will receive education regarding healthy family environments	1) **100%** of programs will provide information on healthy family environments (for example, non-exposure to second-hand smoke; non-exposure to alcohol, tobacco, and other drugs).		Annual Grant Review
	Children are not exposed to second-hand smoke	1) **100**% of programs will assess tobacco use by parents and provide information regarding cessation.		Annual Grant Review